

**Harlan Elementary School
is proud to announce our 2020-2021
Kindergarten Registration is taking place
now!**

Harlan Elementary School is available to register your child Monday through Friday from 8 a.m.-4 p.m. at the School, Central Office or we can do a home visit to get your child registered!

Harlan Elementary School has a long Tradition of Excellence. The past several years, HES has placed in the top of the state among Elementary Schools in the Accountability System. Last year, HES was labeled a "Five Star School," which is the highest mark a school can receive, putting us in the top 3% in the state, an honor that only 56 of 725 elementary schools received. With this honor, HES was ranked 28th in the state out of 725 schools and were in the top 13% for Reading and Math Proficiency.

At HES we offer a rigorous curriculum, which encourages students to work at a high-level while meeting their individual needs. We also strive to build character, offering vast experiences throughout our curriculum. Students are exposed to our K-4th grade music program, a 3rd and 4th grade Drama Program, Chrome book mobile labs in all classrooms, and a hands-on science program where all students have daily access to a dynamic science lab. Your child will be challenged and supported by highly effective educators who want your child to be the best they can be.

Start your child out on the road to success by registering them for Kindergarten at Harlan Elementary School for the upcoming school year! Please contact the school at 573-8700, option 2, or Emily Clem in the Central Office, 573-8700, option 6, for any questions you may have.

Tara Posey
Principal
Harlan Elementary School

Enrolling a Student in Kindergarten

They need the following paperwork:

- _____ Immunization
- _____ Physical
- _____ Dental
- _____ Vision
- _____ Birth Certificate
- _____ SS Card

*The student also needs to fill out an enrollment sheet and have proof of residence.

*If you want to register a student in a grade other than Kindergarten, please contact Mrs. Clem :



HARLAN INDEPENDENT SCHOOLS
Partners for Success

Emily Clem
Director of Student Services

420 East Central Street
Harlan, KY 40831

Phone 606-573-8700 606-273-0188

Fax 606-573-8711

Email: emily.clem@harlanind.kyschools.us
Web: www.harlan-ind.kyschools.us

Student Enrollment/Emergency Information - PLEASE USE BLUE OR BLACK INK

Legal Last Name		First Name		Middle Name		Returning students: Check here if there is any	
Grade Level for 2020-21		Date Of Birth		Social Security Number		NEW INFORMATION this year	
				Sex		Home Phone	
Physical/911 Address (where student resides)							
(Check only if applicable) <input type="checkbox"/> Shelter <input type="checkbox"/> Motel <input type="checkbox"/> Housing shared with friends or family members							
Mailing Address (if different)							
Student Ethnicity Hispanic/Latino <input type="checkbox"/> yes <input type="checkbox"/> no							
Race Check ALL that apply <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native							
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of residence _____ <input type="checkbox"/> Migrant <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee (Country) _____							
Country of Origin _____				First language your child began to speak _____			
What language does your child speak at home? _____				Primary language used in the home _____			
Please Circle: Do you have a computer in your home? YES NO		Can you access the internet from your home computer? YES NO		Email Address:			
Please Circle: Please complete IF your child rides the bus:							
1. How will your child arrive at school in the mornings?		Bus		Car		Walker	
2. How will your child return home in the afternoons?		Bus		Car		Walker	
Morning Pick Up Location _____				Evening Drop Off Location _____			
Parents/Guardians Living in the same Household as Student (Student's Primary Household)							
Living with (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian							
<input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Relative <input type="checkbox"/> Other							
Father or Male Guardians Name		Birthdate		Place Employed		Work Phone	
Mother or Female Guardians Name		Birthdate		Place Employed		Work Phone	
						Cell Phone	
						Cell Phone	
LIST ALL OTHERS THAT LIVE IN THE HOME							
<u>Name</u>		<u>Birthdate</u>		<u>Relationship to Student</u>		<u>School Attending</u>	
<u>Grade</u>							
1							
2							
3							
4							
Emergency Information List two persons (other than yourself) usually available during the school day who have agreed to care for and pick up (provide transportation) for your student if he/she becomes ill and you cannot be reached. We will attempt to contact parents first.							
Name		Relationship to student			Daytime Phone Number		
Name		Relationship to student			Daytime Phone Number		
1. Are there circumstances about the custody of your child which limit the sharing of records, picking up of your child, etc? yes <input type="checkbox"/> no <input type="checkbox"/>							
2. Is there anyone that CANNOT pick up your child? Please list name & explain							
(It is the parent's/guardian responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes.)							
OTHER IMPORTANT INFORMATION - Please list below any medical conditions, allergies, etc. (Students with health problems, food allergies, or taking medications on a regular basis are required to fill out additional forms available in the school nurse's office.)							
Photo Release: Your child may be photographed or videotaped for inclusion in the district publications and website, or in newspapers or magazines, articles, or letters relating to school activities							
Please check: <input type="checkbox"/> yes, I give my permission <input type="checkbox"/> no, I do not give my permission							
Residency Verification. As the parent/or legal guardian, I understand it is MY responsibility to notify the school of any move or change of physical address. Any misrepresentation of the physical (911) address may result in my child losing the privilege of attending Harlan Independent Schools and I will be legally responsible for payment of tuition for the period of misrepresentation							
1. Does the student reside in the Harlan Independent School District? <input type="checkbox"/> yes <input type="checkbox"/> no							
2. If no, in which school district does the student reside?							
PARENT/GUARDIAN SIGNATURE _____				Date _____			

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____
 Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____
 Parent or Guardian Name: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _____

Current Prescribed Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

Height: _____ ft _____ inches Weight _____ BMI: _____ BMI% _____ B/P: _____

Vision	Right 20/ _____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/ _____	Failed <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____
 Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
 Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
 Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
 Chest/Lungs/Heart Normal Abnormal _____ Refer/Tx: _____
 Abdomen Normal Abnormal _____ Refer/Tx: _____
 Scoliosis assessment Normal Abnormal _____ Refer/Tx: _____

(Over)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

ANTICIPATORY GUIDELINES

Discussed and/or handout given

SCHOOL READINESS

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

MENTAL HEALTH

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

NUTRITION AND PHYSICAL ACTIVITY

- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy

- 60 minutes of exercise/day

ORAL HEALTH

- Regular dentist visits
- Brushing/Flossing
- Fluoride

SAFETY

- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: _____

Signed: _____ Date: _____
Physician/APRN/PA/EPST Provider

Address: _____ Telephone: _____

Kentucky Dental Screening/Examination Form for School Entry

Kentucky law, KRS 166.160(1), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five or six (6) year old is enrolled in public school.

Student Name: _____ Last First Middle Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female Parent or Guardian: _____ Name Relationship Address: _____ City: _____ Phone Number: _____ School: _____ Date of Exam/Screening ____/____/____		Test Type (check one) <input type="checkbox"/> Screening <input type="checkbox"/> Exam Screener's Name: _____ Screener's Address: _____ Phone Number: _____ Screening Date: _____ Screener's Signature: _____
Untreated Decay: (Check one) <input type="checkbox"/> 0 No untreated cavities <input type="checkbox"/> 1 Untreated cavities	Treated Decay: (Check one) <input type="checkbox"/> 0 No treated cavities <input type="checkbox"/> 1 Treated cavities	Professional affiliation: (Please check one) <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse with training <input type="checkbox"/> APRN <input type="checkbox"/> Physician
Pattern of Early Childhood Cavities: (Check one) <input type="checkbox"/> 0 No Early Childhood Cavities <input type="checkbox"/> 1 Early Childhood Cavities Present	Treatment Urgency: (Check one) <input type="checkbox"/> 0 No obvious problem <input type="checkbox"/> 1 Early dental care needed <input type="checkbox"/> 2 Referral for Urgent Care NOTE: Comment required if marked.	Comments: _____

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: _____

Date of Vision Examination: _____

IDENTIFYING INFORMATION

Student Name: _____

Date of Birth: _____

Parent or Guardian Name: _____

CASE HISTORY

Date of Exam: _____

Ocular History: Normal or Positive for: _____

Medical History: Normal or Positive for: _____

Drug Allergies: NKDA or Allergic to: _____

Family Ocular and Medical History: Amblyopia Strabismus Glaucoma Diabetes

Other: _____

Other Pertinent Information: _____

Refraction with cycloplegic? (Please indicate one.) YES NO

	OD	OS
Unaided Acuity	20/	20/
Best Corrected Acuity	20/	20/

Type of Examination	Normal	Abnormal	Notable to Assess
External Exam (eye and adnexa)			
Internal Exam (media, lens, fundus, etc)			
Neurological Integrity (pupils)			
Binocular Function (stereopsis)			
Accommodation and convergence			
Color Vision			

Diagnosis:

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other: _____

Recommendations:

1 Glasses prescribed: YES NO

2 _____

3 _____

Age appropriate and suggested anticipatory guidance (health assessments):

- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: _____ Date: _____
 Optometrist/Ophthalmologist

Address: _____ Telephone: () _____

COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

Certificate Issuing Office Name and Address

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle) (Suffix) (MM/DD/YYYY)

Name of Parent: _____
(Last) (First) (Middle) (Suffix)

Address: _____
(Street) (City) (State) (Zip Code)

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	/ /	/ /	/ /	/ /	
Alt Adult Hepatitis B ¹	/ /	/ /	/ /	/ /	
DTaP/DTP/DT ²	/ /	/ /	/ /	/ /	
Hib ³	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	
Polio	/ /	/ /	/ /	/ /	
MMR	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /			
Hepatitis A	/ /	/ /	Had Chickenpox or Zoster Disease Yes No		/ /
Meningococcal	/ /	/ /			
Td	/ /	/ /			
Tdap	/ /	/ /			
Rotavirus	/ /	/ /	/ /		
HPV	/ /	/ /	/ /		
Men B	/ /	/ /	/ /		
Pneumococcal (PPSV23)	/ /	/ /	/ /		

¹Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. ²DTaP, DTP, or DT. ³Hib not required at 5 years of age or more.

This child is current for immunizations until ____/____/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

This child is not up-to-date at this time. This certificate is valid until ____/____/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

Provisional Status - Child is behind on required immunizations.

Medical Exemption - The following immunizations are not medically indicated: _____

If Medical Exemption, can these vaccines be administered at a later date? No: ____ Yes: ____ Date: ____/____/____

Religious Objection

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, RN or LPN designee)

(Date)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.





KINDERGARTEN REGISTRATION



Will your child be five on or before September 1st?

WHAT DO I BRING WITH ME TO REGISTER?

- Proof of Age
- Proof of Address
- Current Immunization Record (DH 680) – Please see below for more details
- Current Health Exam (DH 3040)
- Social Security Card (optional)
- Records reflecting results of the required VPK assessments administered during the 2018-2019 year. (If your child did not attend a VPK setting they will not have this and it will not prevent your registration)

Please note: The above mentioned documents must be provided before the child can be registered with exception to homeless children. * *Children who qualify for homeless status shall be given 30 school days to meet the requirements listed above.*

IMMUNIZATION REQUIREMENTS



* Florida law requires that students must have on file Florida Certification of Immunization (DH Form 680) or have an exemption on file at their school.

To meet the requirements for Florida certification of immunization, a child must have the following:

- Four or five doses of the DTaP (diphtheria, tetanus, pertussis) vaccine. If the 4th dose of DTaP was given after the 4th birthday, the fifth is not required.
- Four or five doses of polio vaccine. If the third or fourth polio was given after the 4th birthday, the fourth or fifth is not required.
- Two MMR (measles, mumps, rubella) vaccine
- Hib (haemophilus influenza type b) vaccination for preschool children through 4 years and 11 months
- Hepatitis B series (3)
- Two doses of Varicella (chicken pox) vaccine, or documented history of the disease
- Results of a Florida physical (school-entry health exam) performed within one year of the date of entry.
- Proof of all required immunizations (Florida certification of immunization, DH Form 690) or an exemption.

The required immunizations are available at the Duval County Health Department's Immunization Center at 5220 North Pearl Street, Jacksonville, FL 32208 (904) 253-1420.

Under Florida law, students who do not have the proper Florida immunization documents on file at their school will not be able to attend school until documents are provided.

Preparing Your Child for Kindergarten

Let's face it: Kindergarten isn't what it used to be. Right or wrong, it is the world we live in. The following list is intended to help prepare your child in a variety of developmental areas to make the transition into kindergarten as smooth as possible. Believe it or not, just 15-20 minutes of playing and learning with your child can make a world of difference!

Social/Emotional Development

- Encourage your child to persist in tasks when encountering a problem by giving him tasks slightly above his current ability level. When your child cannot find a solution on his own, encourage him to calmly ask for help.
- Play board games to practice taking turns.
- Set up several play dates with friends of various ages.
- Allow your child to stay with other trusted adults for a few hours at a time prior to kindergarten (especially if she has rarely been in the care of someone other than mom and dad).
- Tell your child you expect her to clean up after play. You could implement a ransom box for toys left out like this one:
www.madsmemories.blogspot.com/2009/08/moms-ransom-rubbage.html

Language Development

- Verbally give your child specific one-step and two-step directions and encourage him to follow through.
- Read to your child for a combined total of at least 20 minutes each day.
- While reading, point out how to hold a book (right-side up with the spine on the left) and the orientation in which we read the words and look at the pictures (left to right).
- After reading, ask your child what happened in the beginning, middle, and end of the story.
- Give your child plenty of opportunities to draw (without coloring books). Ask her to draw the things she sees around her.
- Teach your child the uppercase and lowercase letters and, most importantly, the sounds each letter makes through play and games. Need some ideas? Go here:
www.icanteachmychild.com/alphabet

Cognitive Development

- Have your child help you sort items according to color, size, and shape (laundry, blocks, silverware, toys, and other household items work well).
- Teach your child to make various patterns (red, blue, red, blue). Garage sale dot stickers or craft pom-poms are great for this purpose.
- Practice counting aloud to 20 while driving in the car.

- Teach your child numerals 1-10. Need some suggestions on how to do this: Go here: www.icanteachmychild.com/numbers
- Count objects in your home. Have your child point to each object as she counts.
- Go on a shape hunt. Point out circles, triangles, squares, and rectangles to your child while you are taking or walk or grocery shopping.
- Talk about positional and directional concepts like up/down, over/under, in/out, behind/in front of, top/bottom, beside/between, off/on, stop/go.
- Talk about opposite words (big/little, empty/full, slow/fast).

Physical Development (Gross & Fine Motor)

- Give your child plenty of opportunities for outdoor play: running, jumping, and climbing.
- Play catch on a regular basis.
- Practice skipping.
- Stack blocks together.
- Let your child use child-safe scissors to cut out a variety of shapes.
- Teach your child to write his name (capital for the first letter and lowercase for the remaining letters). To start, write his name using a highlighter and encourage him to trace over it. Be sure that he forms the letters from the top to the bottom.
- Ensure your child is holding her pencil correctly:
www.icanteachmychild.com/2012/06/correct-pencil-grip/
- Play with playdough regularly. Roll, squish, stamp, and even cut it!
- Encourage your child to cut out various shapes using child-safe scissors.
- String large beads to make a necklace.
- Play with an interlocking puzzle together.

Creative Arts

- Always encourage pretend play...occasionally join your child in his fantasy world.
- Teach your child to recognize the following colors: red, orange, yellow, green, blue, purple, black, white, brown, and pink. For help, go to:
www.icanteachmychild.com/colors
- Use a variety of materials to let your child paint, draw and explore!

This list was created based upon the following:

<http://www.icanteachmychild.com/2012/03/71-things-your-child-needs-to-know-before-kindergarten/>

LEARNING ON THE GO

"I SPY" INSPIRED LEARNING GAMES

- I SPY A LETTER-Search for letters as you travel places or while shopping. Use a check sheet and clipboard to record letters found.
- I SPY A NUMBER- Same thing, with numbers!
- SPY THE OPPOSITE-Look for the opposite of a given word. If the word is "tall" search for short things as you go. Draw what you see.
- SPY THINGS THAT ARE THE SAME AS- If today's word is tall what do you see that IS tall? Draw responses.
- GROCERY SPY-Look for things that are blue, big, small, letters, numbers...
- SPY A VEHICLE-That is blue, big, small, 2 wheeled, more than 4 wheeled....

You and your child can record responses with stickers on a blank page. Put one sticker on each time you see what you're looking for. Also, use mini erasers. A bowl of erasers everyone can reach works great. Place one in a baggie each time you see what you're looking for. When you're finished you can discuss, count, make tens, make pairs, see who has more, who has less, how many more, how many less...

These activities foster conversation! Your child will learn to respond, question, discuss and reason. Your child's vocabulary will grow as they discuss what they have seen and explore concepts like opposite and same. Letter and number recognition can be practiced as well as counting with one to one correspondence, grouping and sorting.

HARLAN INDEPENDENT SCHOOL DISTRICT

BOARD OF EDUCATION

2020-21 Calendar

Wednesday, August 5	Flexible Professional Development Day for Teachers-No School for Students
Thursday, August 6	Flexible Professional Development Day for Teachers-No School for Students.
Friday, August 7	Professional Development Day for Teachers-No School for Students.
Monday, August 10	Opening Day for Teachers-No School for Students.
Tuesday, August 11	Training Day for Teachers-No School for Students.
Wednesday, August 12	First Day for K-12 Students
Wednesday, August 26	First Day for Sunshine School Students
Monday, September 7	Labor Day—No school for Teachers or Students
Mon-Fri, October 12-16	Fall Break
Monday, November 2	No School for Students or Teachers
Tuesday, November 3	Presidential Election Day - No School for Students or Teachers.
Wed-Fri, November 25-27	Thanksgiving Holiday
December 21-January 1	Christmas Break
Monday, January 4	Students Return from Christmas Break
Monday, January 18	Martin Luther King Day—No School for Students or Teachers
Monday, February 15	Flexible Professional Development Day for Teachers-No School for Students. (Possible make-up day for students and/or teachers)
Mon-Fri, March 29-April 2	Spring Break
Thursday, May 20	Last Day for Students
Friday, May 21	Closing Day for Teachers

Possible Make Up Days

**March 29-April 2, February 15, May 21,24,25,26,27,28, June 1,2,3,4

** (Only if more than five days are missed due to weather/other between January-March)

School Schedules—Beginning and Ending Times

	Start	End
Elementary	7:50 a.m.	2:50 p.m.
Middle/High	8:15 a.m.	3:15 p.m.

Board Approved December 18, 2019

HARLAN INDEPENDENT SCHOOL DISTRICT

Superintendent of Schools

Charles D. Morton
Phone: 606-573-8700 Option 6
Internal Extension: 6204
Email: charles.morton@harlanind.kyschools.us

Supervisor of Instruction Curriculum, Title I, Professional Development

Jennifer Parsons
Phone: 606-573-8700 Option 6
Internal Extension: 6201
Email: jennifer.parsons@harlanind.kyschools.us

Director of District Wide Services Technology, Transportation, School Safety

Frank Shope, Jr.
Phone: 606-573-8700 Option 6
Internal Extension: 6203
Email: frank.shope@harlanind.kyschools.us

Director of Student Wide Services Pupil Personnel, Food Services, Health Services

Emily Clem
Phone: 606-573-8700 Option 6
Internal Extension: 6202
Email: emily.clem@harlanind.kyschools.us

Director of Special Education Special Education, Preschool Director

Shannon Lawson
Phone: 606-573-8700 Option 5
Internal Extension: 5104
Email: shannon.lawson@harlanind.kyschools.us

District Finance Officer Human Resources, Payroll, Budget

Tara Bryson
Phone: 606-573-8700 Option 6
Internal Extension: 6106
Email: tara.bryson@harlanind.kyschools.us

Family Youth Resource (FRYSC)

Cecilia Adams
Phone: 606-573-8700 Option 6
Internal Extension: 6108
Email: cecilia.adams@harlanind.kyschools.us

Harlan High School Principal

Britt Lawson
Phone: 606-573-8700 Option 4
Internal Extension: 4104
Email: britt.lawson@harlanind.kyschools.us

Harlan High School Counselor

Cristal Pace
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Harlan Middle School Principal

LeAnne Huff
Phone: 606-573-8700 Option 3
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Harlan Middle School Counselor

Chris Day
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Harlan Elementary School Principal

Tara Posey
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Harlan Elementary School Counselor

Chris Day
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