

Request to Place an Item on the AgendaName: Jodd County Central High School

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: ☒ Superintendent ☒ Board ChairpersonConferred with following administrators (names): Jennifer Pope

Description of Issue: Classroom fees for the Medicaid Nursing Assistant (MNA) program and the band program have been approved by the TCCHS SBDM Council and need approval by the BOE. The fee for the MNA program is \$15 (fifteen); the fee for the band program was set not to exceed \$50 (fifty), at the discretion of the new band director, once hired.

Check if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06