SPENCER COUNTY SCHOOLDISTRICT

Agenda Item

# Item # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date\_10/26/2020\_\_\_\_

# Topic/Title \_\_SCHS STUDENT FEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presenter \_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Origin

**\_\_\_\_\_\_ Topic presented for information only *(no board action required).***

**\_\_\_ \_\_ Action requested at this meeting.**

**\_\_X\_\_\_\_ Item is on the consent agenda for approval.**

**\_\_\_\_\_\_ Action requested at future meeting, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).**

**\_\_\_\_\_ Board review required by –**

 **\_\_\_**\_ **State or federal law or regulation**

 **\_\_\_\_\_ Board of Education policy**

 **\_\_\_ \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Previous Review, Discussion or Action

**\_\_\_\_ No previous Board review, discussion or action**

**\_\_\_\_\_Previous review or action**

 **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Action \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Background/Summary of Information:**

|  |  |  |
| --- | --- | --- |
| AP Late Fees | $40 | If AP students do not pay the test fee of $95 by November 13, 2020, then they will becharged a $40 late fee. |

Impact on Resources (REQUIRES FINANCE OFFICER’S INITIALS OF REVIEW).

**\_\_\_ Finance Officer**

**Timetable for Review or Action.**

**SUPERINTENDENT’S RECOMMENDATION**

**Recommend approval of Advanced Placement Test fee for SCHS as requested.**