SPENCER COUNTY SCHOOLDISTRICT

Agenda Item

# Item # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date\_\_1/25/2021\_

# Topic/Title \_TES FUNRAISER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TES PTO | Apex Fun Run(Pledges for fun run) | Spring Semester Date TBD | Playground equipment, field trips, family nights, family resource center, student rewards | Adults and Students  |

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

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

**Timetable for Review or Action.**

**SUPERINTENDENT’S RECOMMENDATION**

Recommend approval of TES fundraiser pending CDC guidance and/or affirmation.