SPENCER COUNTY SCHOOLDISTRICT

Agenda Item

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

# Topic/Title \_\_SCMS FEES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:**

|  |  |  |
| --- | --- | --- |
| Softball | $125 | Uniforms  |
| Baseball | $125 | Uniforms and Athletic Fee |
| Volleyball | $125 | Travel Suits/Shorts Uniform and Athletic Fee |

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

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

**Timetable for Review or Action.**

**SUPERINTENDENT’S RECOMMENDATION**

Recommend approval as requested.