SPENCER COUNTY SCHOOLDISTRICT

Agenda Item

# Item # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date\_\_\_3/22/2021\_\_

# Topic/Title \_STUDENT ACTIVITY POLICY MODIFICATION – 2nd READING\_

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

## Origin

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

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

**\_\_\_\_\_\_ 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:**

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

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

**Timetable for Review or Action.**

**SUPERINTENDENT’S RECOMMENDATION**

Recommend approval of second reading as written.