**SPENCER COUNTY PUBLIC SCHOOLS**

**Board of Education Agenda Item**

Meeting Date **7/24/2023**

Topic/Title **SCMS VOLLEYBALL FEE REQUEST**

Presenter

**INFORMATION/ACTION DETAIL**

Information only. No Board action required.

Action requested at a future meeting.

Consent agenda for approval at this meeting.

Action requested at this meeting.

**BOARD REVIEW IS DUE TO:**

State or federal law or regulation.

Board of Education policy.

Past practice.

Other:

**PREVIOUS REVIEW/DISCUSSION/ACTION**

No previous Board review/discussion/action.

Previous review/discussion/action on:

**BACKGROUND/SUMMARY OF INFORMATION PRESENTED**

Volleyball is requesting a fee of $150/player to cover volleyball program expenses.

**FINANCIAL IMPACT**

There is NO financial impact on resources.

There is a financial impact on Board resources, so Finance Officer must review.

Finance Officer adds initials (if required)

**SUPERINTENDENT’S RECOMMENDATION**

Recommend approval as presented.