**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.

[x]  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**

[x]  Recommend approval as presented.