MONROE PUBLIC SCHOOLS BOARD OF EDUCATION
Board Meeting #19
Tuesday, October 11, 2016
7:00 p.m.

*****REVISED AGENDA*****

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A.	**Roll Call and Call to Order**	Mr. Yeo	1
	1. Pledge of Allegiance to the Flag	Mr. Yeo	
B.	**Public Commentary – Agenda Items Only**	Mr. Yeo	
C.	**Discussion and Action Items**		
	1. **Approval of Minutes** Move to approve the minutes of the following meetings as submitted: • September 27, 2016, Work Session • September 27, 2016, Board Meeting #18	Mr. Yeo	2
	2. **Reports and Updates** • September 12, 2016, Board Personnel Committee Meeting Minutes • October 3, 2016, Board Personnel Committee Meeting Minutes • Contracted Services Recommendation	Mr. Yeo	7
	3. *****Staff Resignations***** Move to approve the resignations from Monroe Public Schools of Jennifer St. Louis effective August 30, 2016; Kim Burkey effective ***October 13, 2016***; and Jill Sauve effective October 13, 2016.	Mrs. Everly	14
	4. *****Consent Agenda – Staff Appointments***** Move that Agenda Items C.5 and C.6 be considered as a Consent Agenda, and that the consent agenda items be approved as recommended.	Mrs. Everly	17
	5. **Maintenance Appointment** Move to approve the appointment of Timothy Hildebrand as a Classification 2 General Maintenance/Grounds with Monroe Public School with a late October (TBA) effective date and place on the appropriate salary level as contained in the Master Agreement, and upon completion of all pre-employment requirements.	Mrs. Everly	18

6.	**Teacher Appointment** Move to approve the appointment of Conor Kuriwchak as a teacher with Monroe Public Schools effective October 12, 2016, and place on the appropriate salary level as contained in the Master Agreement, and upon completion of all pre-employment requirements.	Mrs. Everly	20
7.	**Acceptance of 2015/16 Financial Audit** Move to accept the 2015/16 Financial Audit as prepared by the firm of Cooley, Hehl, Wohlgamuth & Carlton, of Monroe, Michigan.	Mrs. Eighmey	23
8.	**Camp Kimball – Manor School** Move to approve the Manor 6th grade trip to Camp Kimball in Reading, Michigan, in accordance with board policies for field trips and excursions.	Mrs. Everly	24
9.	*****Varsity Volleyball Tournament***** Move to approve the attendance of the Varsity Volleyball team at the Mount Morris Volleyball Tournament in Birch Run, Michigan, on October 14-15, 2016. All aspects of this trip will be in accordance with related board policies.	Mrs. Everly	
10.	**Superintendent's Comments**	Dr. Martin	
11.	**Old Business**	Mr. Yeo	
12.	**New Business**	Mr. Yeo	
13.	**Public Commentary – Any Topic**	Mr. Yeo	
14.	**Adjournment** Move that the October 11, 2016, Board Meeting #19 of the Monroe Public Schools Board of Education be adjourned.	Mr. Yeo	43

Board Meeting #19
October 11, 2016
Item #C.9

MONROE HIGH SCHOOL
VARSITY VOLLYEBALL TOURNAMENT
OCTOBER 14-15, 2016

BACKGROUND
Monroe High School Athletic Director, Dr. John Ray, would like to petition the Board of Education for permission for the varsity volleyball team to attend the Mount Morris Volleyball Tournament in Birch Run, Michigan. The purpose of this trip is to compete in a tournament and get the opportunity to play several teams with a variety of competitive levels.

ENCLOSURE(S)
The Field Trip and Excursion check list along with a template of the permission slip that will be used.

RECOMMENDATION
Move to approve the attendance of the Varsity Volleyball team at the Mount Morris Volleyball Tournament in Birch Run, Michigan, on October 14-15, 2016. All aspects of this trip will be in accordance with related board policies.

MOTION: _____ SUPPORT: _____ ACTION: _____

	Aye	**Nay**	**Abstain**	**Absent**
Mr. Bunkelman	____	____	____	____
Dr. March	____	____	____	____
Mrs. Mentel	____	____	____	____
Mr. Philbeck	____	____	____	____
Mrs. Taylor	____	____	____	____
Mr. VanWasshenova	____	____	____	____
Mr. Yeo	____	____	____	____

Monroe Public Schools
Field Trip Information Form

Date of Trip: 10-14-16

Grade/Team/Organization Making Request: Monroe Volleyball

Destination: NOT Morris Volleyball tour

Address: 12130 Tiffany BLVD

City: Birch Run State: Mi Zip: 48415

Means of Transportation: approved Parents

Number of Students and Adults Involved: 13-14 students / 6 adults

Exact Loading Location: MHS

Estimated Time of Departure: 3:00 pm

Estimated Time of Departure from Destination: 10/15 7 pm

Expected Time of Arrival: 5:00 pm

Purpose of Trip: Volleyball

Faculty Supervisor: Kim Windham

Substitute(s) needed: ____Yes __X__No *(This does not secure the substitute)*

Principal's Signature: [signature] Date: ____

____Approved ____Denied

Assistant Superintendent's Signature: [signature] Date: 10-10-16

____Approved ____Denied

Number of Other Adults Assisting: 2

Number of School Days Student will be Attending Trip: 0

Cost Per Child: 0 Cost Per Chaperone: 0

Monroe Public Schools Funds Being Used to Pay for:

Students: Yes ☒ No ☐
Chaperones: Yes ☐ No ☒

Included in this field trip request packet are copies of the following:

- ☐ Full compliance with Board of Education Policy IICA – Field Trips & Excursions Forms
- ☐ Signed parent permission forms for each student participant (IICA - FI)
- ☐ Field Trip Permission Forms (F-II)
- ☐ Compliance with Educational Academic Field Trip regulations – Standard Practice Bulletin I-11
- ☐ Written request to appropriate building principal
- ☐ Written description of field trip to parents
- ☐ Written approval by building principal
- ☐ Detailed itinerary (Out of country trips may not have detailed itinerary until 30 days prior to trip)
- ☐ List of approved chaperones
- ☐ Identification of funding sources
- ☐ Signed private vehicle use (for transporting students – EEAE-F-3)
- ☐ Description of arrangements made for students with financial hardship
- ☐ All necessary signed contracts/agreements with participating travel agents
- ☐ Emergency telephone numbers for all participants
- ☐ Description of this trip and congruency with course curriculum
- ☐ Emergency Contingency Plan included, if method of transportation is flying.
- ☐ Turn in Criminal History forms, on non-staff chaperones, to the Superintendents Office prior to any deposits being made to any travel agent.

Updated: 09/12/06

MONROE PUBLIC SCHOOLS

ABBREVIATED
FIELD TRIP & EXCURSION CHECK LIST FORM

Complete details of this field trip can be obtained from the Assistant Superintendents of Secondary and/or Elementary Curriculum. All details are in compliance with Board Policy IICA.

FIELD TRIP DESCRIPTION:

Destination and Description of Trip:

mt morris / Birch Run
Volley Ball tournament

School(s): Monroe High

Chaperones: Kim Windham
Erica Back

Method of Transportation: Parents

Date of Departure: 10 / 14 / 16 Time of Departure: 3:00 p.m.

If overnight, number of nights: 1

Date of Return: 10 / 15 / 16 Time of Return: 7:00 p.m.

Number of Students Participating: 13-14

Number of Staff Supervising: 2

Monroe Public Schools
PARENTAL PERMISSION FORM
(Out-of-State/Overnight/Out-of-Country Travel)

EXPLANATION AND DATES:

Departure Date/Day 10/15/16 Return Date/Day 10/16/16

A group of students and adult chaperones are planning a trip to: City mt. morris

State MI Country _____ (daily itinerary must be attached).

The purpose of this trip is volleyball tournament and the group sponsoring the trip is Athletics (Monroe).

This form serves as the district's official notification for the parents of students involved and, by signing, acknowledges the fact that the student's parents approve of their child taking said trip. This form must be signed and returned before any student will be allowed to travel with the group.

Please fill in the information requested below as thoroughly and completely as possible.

GENERAL INFORMATION:

Student's Name _____ Grade _____ D.O.B. _____

Address _____ Phone _____

Parent/Guardian Name(s) _____ Emergency Phone _____

MEDICAL INFORMATION

Family Doctor _____ on file Phone _____

Last Tetanus Shot _____ Allergies (if any) _____

Current medication (if any) _____ Recent illness or surgeries (within past six months) _____

Other pertinent information _____

Your child will be in the care of (staff member name) Kim Windham / Erika Back

She has your permission to seek emergency medical care for your child as needed.

INSURANCE INFORMATION:

Insurance Company _____ Contract No. _____

Name of Policy holder _____ Policy Number: _____

MEDICAL ACKNOWLEDGMENT:

I we hereby give consent for emergency medical treatment and/or admission, as necessary, to any hospital for my/our child.

SIGNATURES:

X _____

_____
(Parent(s)/Guardian(s)

Signed before me this _____ day of

X _____ 20____

_____
Notary Public

My commission expires _____