



## Superintendent's Report

April 11, 2023

### **Building Project Update:**

Bidding is currently scheduled to begin on April 6. A pre-bid meeting for contractors will be held at Ashkar on April 11. Bids are due May 4 and ready for Board review on May 9. Final approval of bids could then occur at the May 23 Board meeting.

In January, the Facility and Finance Committee requested proposals for Construction Management or Owner Representative Services for the Ashkar construction project. The district advertised and also mailed the RFP to 12 agencies that provide this service locally and across the state. Three submitted proposals. The administration will bring to the board for approval a recommendation for this service in late April early May.

Construction management services provides an experienced manager on-site daily to ensure the building is constructed according to specifications, monitors all aspects of the work, creates daily job logs, closes out payment verification, serves as a liaison between the General Contractor, architects, and the district, and conducts regular job meetings among many other responsibilities on behalf of the district.

### **New Policies:**

The group of policies recommended for approval were provided to districts from PSBA in February. These revisions and new policies align with new school code requirements for home education students. Policy 137 and 137.1 are revisions. Policies 137.2 and 173.3 are new for ELSD. I am requesting your approval for each for the first reading.

### **Employment:**

#### *Custodial*

Although we are starting to fill custodial vacancies, several spots remain unfilled. Mr. McCaffery is looking at alternatives to ensure buildings remain on established cleaning schedules.

#### *Teachers*

I am pleased to bring you a recommendation from the interview committee for Ms. Cariea Robbins; a talented and passionate educator who is eager to begin her career with ELSD.

We are currently accepting applications for district band director, foreign language, and a part-time ESL instructor. Those applications are due April 14.

### **Athletic Scoreboards:**

Using capital project funds and donations, the district will replace all of the athletic scoreboards this summer. Donations have been secured to cover the cost of each board including Football, Soccer, and the Varsity Gymnasium. We are still seeking a donor for the Softball scoreboard. The district is covering the cost of installation. A final list of donors will be provided to the board soon.



Respectfully submitted,

Dr. Mark Stamm  
Superintendent of Schools

**EAST LYCOMING SCHOOL DISTRICT  
BOARD OF EDUCATION AGENDA  
Tuesday, April 11, 2023  
High School Library - 7:00 p.m.**

**Public should enter through the Library Vestibule Doors**

**Please note that due to staffing issues, the board meeting will not be  
livestreamed**

**WELCOME AND CALL THE MEETING TO ORDER – MR. MICHAEL, PRESIDENT**

I. **AUDIENCE PARTICIPATION:** Comments from residents of the district regarding this agenda.

II. **REPORTS:**

**Administrator Reports:**

- Superintendent Report by Dr. Mark Stamm
- Budget Update 2023/2024 by Mrs. Heather Burke

**Board Member Updates (as applicable):**

- Intermediate Unit #17 – Mrs. McClintock
- Legislative Representation – Mrs. Gavitt
- LycoCTC – Mr. Mamrak

**Board Committee Meeting (as applicable):**

- (Finance/Facilities) Committee Meeting has been **cancelled**

III. **BOARD POLICIES:** (BOE)

1. **Board Policies (137,137.1,137.2,137.3)- First Reading:**

**Resolved**, to approve the revisions to the following policies as recommended by PSBA to align with changes in the Home Education Programs.

**Home Education Programs:**

*Policy 137 Home Education Programs, 137.1 Extracurricular Participation by Home Education Students, 137.2 Participation in Cocurricular Activities and Academic Courses by Home Education Students, 137.3 Participation in Career and Technical Education Programs by Home Education Students.* **--resolution required**

IV. **EDUCATIONAL:** (E-1)

1. **Field Trips:**

**Resolved**, upon the recommendation of Superintendent Stamm to approve the following field trips:

|                        |                          |                            |
|------------------------|--------------------------|----------------------------|
| -April 3, 2023         | Muncy High School        | Sr. High Band              |
| Number of Students: 21 | Cost to Students: \$0.00 | Cost to District: \$110.00 |
| -April 14-15, 2023     | Mount Carmel High School | Sr. High Band              |
| Number of Students: 1  | Cost to Student: \$0.00  | Cost to District: \$125.00 |
| -April 21, 2023        | Lock Haven University    | Life Skills Students       |
| Number of Students: 7  | Cost to Students: \$0.00 | Cost to District: \$350.00 |

|                                       |                            |                            |
|---------------------------------------|----------------------------|----------------------------|
| -May 4, 2023                          | Elementary to High School  | Elementary Chorus          |
| Number of Students: 104               | Cost to Students: \$0.00   | Cost to District: \$250.00 |
| -May 11, 2023                         | Reptiland/Kiess Park       | Ashkar Grade K             |
| Number of Students: 72                | Cost to Students: \$0.00   |                            |
| Cost to District: \$0.00 (PTA Funded) |                            |                            |
| -May 12, 2023                         | Aerea Premium Event Spaces | High School                |
| Number of Students: 12                | Cost to Students: \$10.00  | Cost to District: \$65.00  |
| -May 19, 2023                         | Buffalo Wild Wings         | Life Skills Students       |
| Number of Students: 18                | Cost to Students: \$0.00   | Cost to District: \$50.00  |
| <b><u>--resolution required</u></b>   |                            |                            |

**Pre-Approved Field Trip:** Renn Grade 5 to Philadelphia on May 18, 2023

V. **PERSONNEL:** (P-1)

1. **Secondary Science Teacher (Temporary Professional Contract):**

**Resolved**, upon the recommendation of Superintendent Stamm and Mr. Reichner that Ms. Cariea Robbins be hired as a Secondary Science Teacher (Temporary Professional Contract) effective the 2023/2024 school year. Ms. Robbins will be paid \$55,250.00 which represents level 1 (B) of the East Lycoming Educational Professional Contract, pending receipt of required documents. **--resolution required**

2. **Full-time Custodian:**

**Resolved**, upon the recommendation of Superintendent Stamm and Mr. McCaffery that Ms. Roberta Dagitz be approved as a Full-time Custodian at the High School. Ms. Dagitz will be paid \$13.61 per hour (minus \$.30 per hour for a 60 day probation period) with benefits, per the East Lycoming Educational Support Professional Contract, pending receipt of required documents. **--resolution required**

VI. **MINUTES:** (1)

**Resolved**, to accept the minutes from the meeting of March 28, 2023 as submitted. **--resolution required**

VII. **BUSINESS/FINANCIAL MATTERS:**

1. **UPMC Contract for Therapy Services:** (F-1)

**Resolved**, upon the recommendation of Superintendent Stamm and Special Education Director Paulhamus that the attached therapy contract with UPMC be approved. **--resolution required**

2. **Food Service Agreement Renewal:** (F-2)

**Resolved**, upon the recommendation of Superintendent Stamm and Business Manager Burke that the food service agreement with Nutrition, Inc. be renewed for an additional year, through June 30, 2024. **--resolution required**

VIII. **INFORMATION:**

1. Enrollment Update.
2. Homeschool Student Enrollment.

IX. **AUDIENCE PARTICIPATION:**

Questions or comments from residents of the district regarding board discussion topics or



other school-related matters.

X. **ADJOURNMENT:**

**NEXT BOARD MEETING:  
TUESDAY, APRIL 25, 2023  
7:00 PM**



|         |   |
|---------|---|
| Book    | Policy Manual   |
| Section | 100 Programs  |
| Title   | Home Education Programs   |
| Code    | 137   |
| Status  | First Reading   |
| Legal   | <a href="#">1. 24 P.S. 1327</a><br><a href="#">2. 24 P.S. 1327.1</a><br><a href="#">3. 22 PA Code 11.31a</a><br>4. Pol. 137.2<br>5. Pol. 137.3<br><a href="#">24 P.S. 111</a><br><a href="#">22 PA Code 11.33</a><br>Pol. 137.1<br>Pol. 203<br>Pol. 209 |

Adopted January 26, 2010

Last Revised July 14, 2015

### **Authority**

Home education programs for students of compulsory school age residing in the school district shall be conducted in accordance with state law and regulations.[\[1\]](#)[\[2\]](#)[\[3\]](#)

### **Definitions**

**Appropriate education** - a program consisting of instruction in the required subjects for the time required by law and in which the student demonstrates sustained progress in the overall program.[\[2\]](#)

**Hearing examiner** - shall not be an officer, employee or agent of the Department of Education or of the school district or intermediate unit of residence of the child in the home education program.

**Home education program** - a program conducted in compliance with law by the parent/guardian or person having legal custody of a child. A home education program shall not be considered a nonpublic school under the provisions of law.

**Supervisor** - the parent/guardian or person having legal custody of a child who is responsible for providing instruction, provided that such person has a high school diploma or its equivalent.

### Delegation of Responsibility

The Superintendent or designee shall develop and distribute administrative regulations for registering home education programs **and maintaining appropriate records in accordance with law.**[\[2\]](#)

### Guidelines

#### Notarized Affidavit

Prior to the commencement of the home education program, and annually thereafter on **or before** August 1, the parent/guardian or other person having legal custody of the child or children shall file a notarized affidavit with the Superintendent, **which contains certification that the supervisor of the home education program and all adults living in the home and persons having legal custody of a child or children in the home education program have not been convicted of criminal offenses enumerated in School Code, in accordance with law.** The affidavit shall include all information required by law.[\[2\]](#)

#### Instructional Program

The instructional program for home education students shall include such courses as required by law.[\[2\]](#)  
**[4][5]**

#### Loan of Instructional Materials

At the request of the supervisor, the district shall lend to the home education program copies of the school's planned courses, textbooks and curriculum materials appropriate to the student's age and grade level.[\[2\]](#)

#### Student Portfolio and Evaluations

For each student participating in a home education program, the supervisor shall:[\[2\]](#)

1. Maintain a portfolio of records and materials, **in accordance with applicable law.**
2. Provide an annual written evaluation of the student's educational progress, **in accordance with the provisions of applicable law.**

#### Graduation Requirements

The following minimum courses in grades 9 through 12 are established as a requirement for graduation in a home education program: four (4) years of English; three (3) years of mathematics; three (3) years of science; three (3) years of social studies; and two (2) years of arts and humanities.[\[2\]](#)

#### Diplomas

Students who complete all of the graduation requirements of the home education program shall receive a high school diploma issued by the supervisor or an approved diploma-granting organization.[\[2\]](#)

#### Students With Disabilities



A home education program meets compulsory attendance requirements for a student with a disability only when the program addresses the specific needs of the student and is approved by a teacher with a valid Pennsylvania certificate to teach special education, a licensed clinical psychologist or a certified school psychologist. Written notice of such approval must be submitted with the required affidavit.[1]

The supervisor may request that the school district or intermediate unit of residence provide services that address the specific needs of a student with a disability.[1]

When the provision of services is agreed to by both the supervisor and the school district or intermediate unit, all services shall be provided in **public** schools or in a private school licensed to provide such programs and services.[1]

### Appropriate Education/Compliance

A home education evaluator shall certify that an appropriate education is occurring in the home education program. The supervisor shall submit the certification to the Superintendent by June 30 of each year. If the supervisor fails to submit the certification, the Superintendent shall send a letter to the supervisor notifying the supervisor that **they have** ten (10) days to submit the certification.[2]

If the Superintendent has a reasonable belief at any time during the school year that appropriate education may not be occurring in the home education program, **the Superintendent** may submit a letter to the supervisor requiring an evaluation **to** be conducted and that an evaluator's certification stating that an appropriate education is occurring **shall** be submitted to the district by the supervisor within thirty (30) days. The letter shall include the basis for the Superintendent's reasonable belief.[2]

If the Superintendent has a reasonable belief that the home education program is out of compliance, **the Superintendent** shall submit a letter to the supervisor requiring a certification **to** be submitted within thirty (30) days indicating the program is in compliance. The letter shall include the basis for the Superintendent's reasonable belief.[2]

As required by law, all letters shall be sent by certified mail, return receipt requested, and the time for submission of the requested documentation begins upon receipt of the letter.[2]

### Hearings

If the supervisor fails to submit a certification as required, the Board shall provide a hearing by a qualified and impartial hearing examiner within thirty (30) days.[2]

If the hearing examiner finds that an appropriate education is not taking place in the home education program, the home education program will be determined out of compliance; and the student will be enrolled promptly in a **public** school, a nonpublic school or a licensed private academic school.[2]

**If a home education program has been determined to be out of compliance, the supervisor or spouse of the supervisor of the home education program is prohibited by law from supervising a home education program for that child or children for a period of twelve (12) months from the date of such determination.**[2]

### Appeal

The supervisor or Superintendent may appeal the decision of the hearing examiner to the Secretary of Education, Commonwealth Court or Court of Common Pleas. The home education program may continue during the appeals process.[2]

## Transfers

If a home education program is relocating to another Pennsylvania school district, the supervisor must request from the Superintendent a letter of transfer for the home education program. The request must be made by registered mail thirty (30) days prior to relocation.[\[2\]](#)

The Superintendent shall issue the letter of transfer within thirty (30) days after receipt of the supervisor's registered mail request.[\[2\]](#)

The supervisor shall file the letter of transfer with the Superintendent of the new district of residence.[\[2\]](#)

If a home education program is out of compliance, the Superintendent shall inform the home education supervisor and Superintendent of the new district of residence of this status and the reason for denial of the transfer letter.[\[2\]](#)

If a home education program is in hearing procedures, the Superintendent shall inform the home education supervisor, hearing examiner and Superintendent of the new district of residence of this status and the reason for denial of the transfer letter.[\[2\]](#)

If the Superintendent is informed of pending proceedings related to a home education program relocating **from a previous district** to **this** district, **the Superintendent** shall continue the home education program until the appeal process **in the previous district** is finalized.[\[2\]](#)



|         |  |
|---------|--|
| Book    | Policy Manual  |
| Section | 100 Programs   |
| Title   | Extracurricular Participation by Home Education Students   |
| Code    | 137.1  |
| Status  | First Reading  |
| Legal   | <a href="#">1. 24 P.S. 1327.1</a><br><a href="#">2. 24 P.S. 511</a><br>3. Pol. 122<br>4. Pol. 123<br>5. Pol. 137<br><a href="#">6. 10 U.S.C. 2031</a><br>7. Pol. 103<br>8. Pol. 103.1<br>9. Pol. 204<br>10. Pol. 218<br>11. Pol. 222<br>12. Pol. 227<br>13. Pol. 235<br>Pol. 137.2 |
| Adopted | March 23, 2021   |

### **Authority**

The Board **approves** participation in the district's extracurricular activities and interscholastic athletic programs by a student enrolled in a home education program who meets all the **requirements** stated in **law and** Board policy.[\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)

The Board shall not provide individual transportation for students enrolled in home education programs who participate in the district's extracurricular activities or interscholastic athletic programs. When the district provides transportation to and from an away competition, game, event or exhibition and requires district students to use district transportation, home education students shall be required to use the transportation provided by the district.

### **Guidelines**



Students attending home education programs shall be given an equal opportunity to compete for positions and participate in district extracurricular activities and interscholastic athletic programs, including, as applicable, Junior Reserve Officers' Training Corps (JROTC) units.[6][7][8]

A home education student may participate in extracurricular activities and interscholastic athletic programs only at the school building the student would be assigned to if the student was enrolled in the district.

Prior to trying-out or joining an activity, a home education student shall submit required documents and written verification of eligibility to the building principal or designee. **Verification may include, but not be limited to, attendance records, weekly grades or academic achievement or other documents demonstrating completion of eligibility criteria.**[1]

To be considered in attendance in accordance with Board policy, the home education student must participate in a full, normally scheduled academic program, in accordance with the planned home education program and submitted documentation.[5][9]

The following conditions shall govern participation in the district's extracurricular activities and interscholastic athletic programs by home education students, who shall:

1. Be a resident of the district.
2. Meet the required eligibility criteria.[3][4]
3. Maintain appropriate insurance coverage, consistent with the coverage requirements for district students.[4]
4. Comply with Board policies and school rules and **administrative** regulations regarding extracurricular activities, interscholastic athletics, and student **conduct**. [3][4][10][11][12][13]
5. Comply with policies, rules and regulations, or their equivalent, of the activity's governing organization.[1][2]
6. Meet attendance and reporting requirements established for all participants of the activity or program.[9]
7. Meet the requirements for physical examinations and physical fitness and any height and/or weight restrictions.[1][4]
8. Comply with all requirements and directives of the district staff, coaches, **activity advisors** and administrators involved with the extracurricular activity or interscholastic athletic program.

### **Delegation of Responsibility**

The **Superintendent** or designee shall **post information regarding the availability of the district's extracurricular activities and interscholastic athletics programs, as well as a copy of this Board policy, on the district's publicly available website and provide participation information upon request by students enrolled in home education programs or their parents/guardians.**[1]

The building principal or designee shall distribute **eligibility criteria** regarding student participation in extracurricular activities and interscholastic athletics, and information **on the dates and times of physical examinations or medical tests provided to students by the district. Such information**

**shall be distributed through student handbooks, other publications and on the district's publicly available website.**[\[1\]](#)

The building principal or designee shall receive and review verification from the parent/guardian **or home education program supervisor** that a student has met and continues to meet the established eligibility criteria for an extracurricular activity or interscholastic athletic program.





|         |   |
|---------|---|
| Book    | Policy Manual   |
| Section | 100 Programs  |
| Title   | Participation in Cocurricular Activities and Academic Courses by Home Education Students  |
| Code    | 137.2   |
| Status  | First Reading   |
| Legal   | <a href="#">1. 24 P.S. 1327.1</a><br>2. Pol. 122<br>3. Pol. 137<br>4. Pol. 137.1<br>5. Pol. 137.3<br>6. Pol. 103<br>7. Pol. 103.1<br><a href="#">8. 10 U.S.C. 2031</a><br>9. Pol. 105<br>10. Pol. 218<br>11. Pol. 222<br>12. Pol. 227<br>13. Pol. 235<br>14. Pol. 204<br>15. Pol. 212 |

### **Authority**

The Board approves participation in the district's cocurricular activities and academic courses by a student enrolled in a home education program who meets all the requirements stated in law and Board policy.[\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)

### **Definition**

**Cocurricular activities** - district activities that merge extracurricular activities with a required academic course, including but not limited to, band, orchestra and other activities that include a for-credit component that takes place during the school day.[\[1\]](#)[\[2\]](#)[\[4\]](#)

### **Guidelines**

Students attending home education programs shall be given an equal opportunity to compete for positions and participate in district cocurricular activities and academic courses in accordance with Board policy on the same basis as other students enrolled full-time in the district.[1][6][7]

A home education student may participate in cocurricular activities and academic courses only at the school building the student would be assigned to if the student was enrolled in the district.

Prior to trying-out or auditioning for a cocurricular activity or enrolling in an academic course, a home education student shall submit required documents and written verification of eligibility or completion of prerequisites to the building principal or designee. Verification may include, but not be limited to, attendance records, portfolio records documenting completion of curriculum or other documents demonstrating completion of eligibility criteria.[1]

The following conditions shall govern participation in the district's cocurricular activities and academic courses by home education students, who shall:

1. Be a resident of the district.
2. Meet the required eligibility criteria or their equivalent for the cocurricular activity or the prerequisites for the academic course.[1][2][9]
3. Comply with Board policies and school rules and administrative regulations regarding student conduct in school and at school-sponsored activities.[1][2][10][11][12][13]
4. Comply with policies, rules and regulations, or their equivalent, of the cocurricular activity's governing organization, where applicable.
5. Meet attendance and reporting requirements established for all participants of the cocurricular activity or academic course, including any sign-in and sign-out procedures for school building attendance purposes. Home education students must participate in the full class period for an academic course, unless an exception has been granted in accordance with Board policy and school rules.[14]
6. Comply with all Board policies, school rules and requirements and directives of the district staff, activity advisors and administrators involved with the cocurricular activity or academic course.[1]

### Academic Courses

Students attending home education programs are eligible to enroll in district academic courses in accordance with law and Board policy, and may participate in academic courses equaling up to one-quarter ( $\frac{1}{4}$ ) of the school day for full-time district students.[1]

Students enrolled in home education programs shall only be eligible to participate in cocurricular activities and/or academic courses that are scheduled in consecutive time periods during the school day if the student's parent/guardian is not able to provide supervision for the student between the scheduled cocurricular activities and/or academic courses.[1]

The district shall provide the student's home education program supervisor with a grade for each cocurricular activity and academic course completed by a student enrolled in a home education program, in accordance with Board policy and administrative regulations. The home education program supervisor shall be responsible for maintaining the material in the student's portfolio of records.[1][3][15]

## Transportation

Parents/Guardians of home education students shall be responsible for transportation of students participating in district cocurricular activities and academic courses, except that a home education student may utilize district transportation to or from school during the times a bus is otherwise already operating, and space is available.[\[1\]](#)

## Delegation of Responsibility

The Superintendent or designee shall post information regarding the district's cocurricular activities and academic courses, as well as a copy of this Board policy, on the district's publicly available website and provide participation information upon request by students enrolled in home education programs or their parents/guardians.

The building principal or designee shall request and review verification from the parent/guardian or home education program supervisor that a student has met and continues to meet the established eligibility criteria for a cocurricular activity or academic course.

The Superintendent or designee shall establish administrative regulations for prioritization of enrollment in district cocurricular activities and academic courses based on the established number of allowable participants in designated activities and courses.[\[1\]](#)

Prioritization may be based on academic achievement, demonstration of skills or competencies, record of conduct, and other designated criteria. Students attending home education programs shall have an equal opportunity to compete for enrollment in district activities and courses, in accordance with established administrative regulations.[\[1\]](#)[\[6\]](#)[\[7\]](#)





|         |  |
|---------|--|
| Book    | Policy Manual  |
| Section | 100 Programs   |
| Title   | Participation in Career and Technical Education Programs by Home Education Students  |
| Code    | 137.3  |
| Status  | First Reading  |
| Legal   | <a href="#">1. 24 P.S. 1327.1</a><br><a href="#">2. 24 P.S. 1801</a><br><a href="#">3. 22 PA Code 4.31</a><br>4. Pol. 115<br>5. Pol. 137<br>6. Pol. 137.2<br>7. Pol. 103<br>8. Pol. 103.1<br>9. Pol. 105<br>10. Pol. 218<br>11. Pol. 222<br>12. Pol. 227<br>13. Pol. 235<br>14. Pol. 204<br>15. Pol. 212 |

### **Authority**

The Board approves participation in a career and technical education program by a student enrolled in a home education program who meets all the requirements stated in law and Board policy.[\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#)

Students attending home education programs shall be eligible to participate in a career and technical education program at LycoCTC, in accordance with the Articles of Agreement and center admission policy and procedures, on the same basis as other district students.

### **Guidelines**

Students attending home education programs shall be given an equal opportunity to [\[1\]](#)[\[3\]](#)[\[6\]](#)[\[7\]](#)[\[8\]](#) apply for placement in available programs at LycoCTC.

Prior to enrolling in a career and technical education program, a home education student shall submit required documents and written verification of eligibility or completion of prerequisites to the building principal or designee. Verification may include, but not be limited to, attendance records, portfolio records documenting completion of curriculum or other documents demonstrating completion of eligibility criteria.[1]

The following conditions shall govern participation in career and technical education programs by home education students, who shall:

1. Be a resident of the district.
2. Meet the required eligibility criteria or their equivalent or the prerequisites for the career and technical education program.[1][4][6][9]
3. Comply with applicable policies and school rules and administrative regulations of LycoCTC regarding student conduct in school and at school-sponsored activities.[1][10][11][12][13]
4. Meet attendance and reporting requirements established for all participants of the career and technical education program, including any sign-in and sign-out procedures for building attendance purposes. Home education students must participate in the required courses for the program on the same basis as students enrolled in the district, unless an exception has been granted in accordance with applicable Board policy and school or program rules.[14]

LycoCTC shall provide the student's home education program supervisor with a grade for each career and technical education program course completed by a student enrolled in a home education program, in accordance with Board policy and administrative regulations. The home education program supervisor shall be responsible for maintaining the material in the student's portfolio of records.[1][5][15]

### Transportation

Students attending home education programs who participate in career and technical education programs may use district transportation to or from the career and technical education program during the times when district transportation is already operating, and space is available in addition to full-time district students.[1]

### **Delegation of Responsibility**

The Superintendent or designee shall post information regarding the district's options for career and technical education programs, as well as a copy of this Board policy, on the district's publicly available website and provide information upon request by students enrolled in home education programs or their parents/guardians.

The building principal or designee shall request and review verification from the parent/guardian or home education program supervisor that a student has met and continues to meet the established eligibility criteria for participation in career and technical education programs.

The Superintendent or designee shall establish administrative regulations for prioritization of enrollment in career and technical education programs, in accordance with the Articles of Agreement and the established number of allowable participants for designated programs at LycoCTC.

Prioritization may be based on academic achievement, demonstration of skills or competencies, record of conduct, and other designated criteria. Students attending home education programs shall have an equal opportunity to compete for program enrollment, in accordance with established administrative regulations.[\[1\]](#)[\[4\]](#)[\[7\]](#)[\[8\]](#)

# **EAST LYCOMING SCHOOL DISTRICT**

## ***FIELDTRIP REQUEST FORM***

Complete this form prior to submitting for approval. To ensure health services are available for students on this trip, the School Nurse must provide the initial approval. Note **ALL** requests requiring school board approval must be submitted to the Superintendent's office at least 10 days prior to the upcoming board meeting.

Date of Request: March 29 2023 School: Hughesville High School  
Staff Member: Alex Dwyer  
Class/Club Attending: Sr. High Band  
Number of Students: 21 Number of Adult Chaperones: 1

### **DESTINATION INFORMATION**

Destination Name: Muncy High School  
Destination Address: 200 W Penn St.  
Muncy PA 17756  
Destination Phone Number: 570-546-3127  
Estimated Roundtrip Mileage: 15 miles  
Departure Date: April 3, 2023 Departure Time: 2:15pm  
Return Date: April 3, 2023 \*Return Time: 4:45pm  
Rain Date: N/A  
Special Transportation Request(s) (i.e. wheelchair lift):

### **EDUCATIONAL GOAL OF TRIP**

*Please state the educational goal of this trip.*

1. To foster the development of a musical community between Muncy and ELSD.
2. To achieve a level of performance only possible with a more complete ensemble.
3. To support students who will benefit from having more musicians on their same parts, who do not get that benefit within our district alone.

*\*Return time is the time the bus would arrive back at the school.*

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Please answer the following questions to the best of your knowledge and initial where appropriate.

|   | Circle One   | Initials  |
|---|--|-----------|
| Is a school bus appropriate for this trip?<br><i>If no, please specify (i.e. Van, Charter, etc.):</i>     | Yes <input checked="" type="radio"/> No <input type="radio"/>            | <u>AD</u> |
| <hr/>   |  |           |
| Is this an overnight trip?  | Yes <input type="radio"/> No <input checked="" type="radio"/>            | _____     |
| Will students be exposed to planned hazardous situations?<br><i>If yes, attach a written explanation.</i> | Yes <input type="radio"/> No <input checked="" type="radio"/>            | _____     |
| Is there a personal cost to students/chaperones?<br><i>If yes, how much?</i> _____                        | Yes <input type="radio"/> No <input checked="" type="radio"/>            | _____     |
| <i>If yes, for what?</i> _____  |  | _____     |
| Is the trip budgeted during the fiscal year?  | Yes <input type="radio"/> No <input checked="" type="radio"/>            | _____     |
| Total estimated cost* of trip: _____<br>(*include transportation, substitutes & fees)<br><i>no sub</i>    | District Funds: _____<br>Other Funds: _____<br>Other Funds Source: _____ |           |

***By initialing next to each of the following questions, you take responsibility for each action.***

Each student will complete a Fieldtrip Permission and Medical Information form prior to departure. AD

A list of students/chaperones and completed Fieldtrip Permission and Medical Information forms will be on file in the respective building office prior to departure. AD

### **TO BE COMPLETED BY BUSINESS MANAGER**

***Is this fieldtrip a covered activity under the District's insurance policies subject to the standard terms, conditions, and exclusions of the District's policies?***

Yes ☒ No ☐

HB



# **EAST LYCOMING SCHOOL DISTRICT**

## ***FIELDTRIP REQUEST FORM***

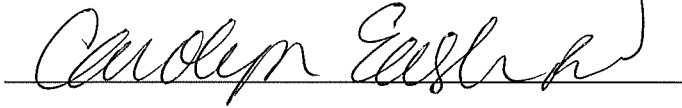
The requested fieldtrip provides an educational experience, which will enhance the specific curriculum instructed in my class(s)?



3/30/23

*Date*  
*(Submitted to School Nurse)*

I have reviewed this request to ensure student health services can support this trip.  
It is my recommendation that the Principal, approve this field trip.

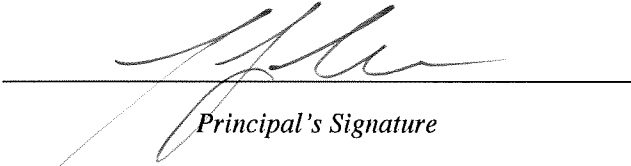


*School Nurse Signature*

3/30/23

*Date*  
*(Submitted to Principal)*

I have reviewed this request, it is my recommendation that the Curriculum Director, approves this field trip.



*Principal's Signature*

3/29/23

*Date*  
*(Submitted to the Curriculum Director)*

I have reviewed this request, it is my recommendation that the Superintendent approves this field trip.

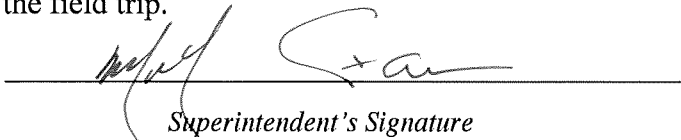


*Curriculum Director's Signature*

04/03/2023

*Date*  
*(Submitted to the Superintendent)*

I have reviewed this request, it is my recommendation that the board of education approve the field trip.



*Superintendent's Signature*

3-21-23

*Approval Date*

# **EAST LYCOMING SCHOOL DISTRICT**

## ***FIELDTRIP REQUEST FORM***

Complete this form prior to submitting for approval. To ensure health services are available for students on this trip, the School Nurse must provide the initial approval. Note **ALL** requests requiring school board approval must be submitted to the Superintendent's office at least 10 days prior to the upcoming board meeting.

Date of Request: March 29 2023 School: Hughesville High School  
Staff Member: Alex Dwyer/Brian Barckley  
Class/Club Attending: Sr. High Band  
Number of Students: 1 Number of Adult Chaperones: 1

### **DESTINATION INFORMATION**

Destination Name: Mount Carmel High School  
Destination Address: 600 W 5th St  
Mount Carmel 17851  
Destination Phone Number: (570) 339-1500  
Estimated Roundtrip Mileage: 100 Miles  
Departure Date: April 14, 2023 Departure Time: 8:00am  
Return Date: April 15, 2023 \*Return Time: 2:30pm  
Rain Date: N/A  
Special Transportation Request(s) (i.e. wheelchair lift):  
\_\_\_\_\_

*PM EX*  
*/ District Jazz*

### **EDUCATIONAL GOAL OF TRIP**

*Please state the educational goal of this trip.*

1. To bring the most motivated jazz musicians in the district together.

2. To acknowledge our highest achieving students with ensembles that can properly engage and challenge them.

3. To foster community between students from various school districts.

*\*Return time is the time the bus would arrive back at the school.*

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Please answer the following questions to the best of your knowledge and initial where appropriate.

Is a school bus appropriate for this trip? Circle One    Initials  
Yes ☒ No ☐ AD  
*If no, please specify (i.e. Van, Charter, etc.):*

Is this an overnight trip? Yes ☒ No ☐ AD

Will students be exposed to planned hazardous situations? Yes ☒ No ☐ \_\_\_\_\_  
*If yes, attach a written explanation.*

Is there a personal cost to students/chaperones? Yes ☒ No ☐ \_\_\_\_\_  
*If yes, how much?* \_\_\_\_\_

*If yes, for what?* \_\_\_\_\_

Is the trip budgeted during the fiscal year? Yes ☒ No ☐ \_\_\_\_\_

Total estimated cost\* of trip: \_\_\_\_\_  
(\*include transportation, substitutes & fees)

District Funds: \_\_\_\_\_  
Other Funds: \_\_\_\_\_  
Other Funds Source: \_\_\_\_\_

***By initialing next to each of the following questions, you take responsibility for each action.***

Each student will complete a Fieldtrip Permission and Medical Information form prior to departure. AD

A list of students/chaperones and completed Fieldtrip Permission and Medical Information forms will be on file in the respective building office prior to departure. AD

### TO BE COMPLETED BY BUSINESS MANAGER

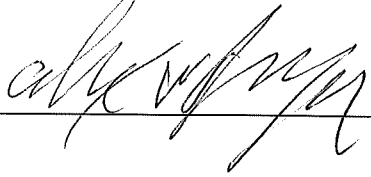
*Is this fieldtrip a covered activity under the District's insurance policies subject to the standard terms, conditions, and exclusions of the District's policies?*

Yes ☒ No ☐ HS

# **EAST LYCOMING SCHOOL DISTRICT**

## ***FIELDTRIP REQUEST FORM***

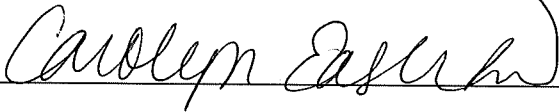
The requested fieldtrip provides an educational experience, which will enhance the specific curriculum instructed in my class(s)?

  
\_\_\_\_\_

3/30/23  
Date

(Submitted to School Nurse)

I have reviewed this request to ensure student health services can support this trip.  
It is my recommendation that the Principal, approve this field trip.

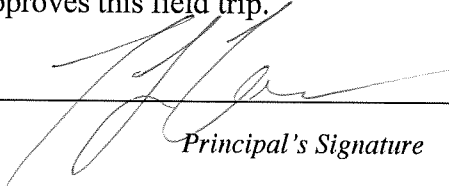
  
\_\_\_\_\_

School Nurse Signature

3/30/23  
Date

(Submitted to Principal)

I have reviewed this request, it is my recommendation that the Curriculum Director,  
approves this field trip.

  
\_\_\_\_\_

Principal's Signature

3/30/23  
Date

(Submitted to the Curriculum Director)

I have reviewed this request, it is my recommendation that the Superintendent  
approves this field trip.

  
\_\_\_\_\_

Curriculum Director's Signature

04/03/2023  
Date

(Submitted to the Superintendent)

I have reviewed this request, it is my recommendation that the board of education approve  
the field trip.

  
\_\_\_\_\_

Superintendent's Signature

3-31-23  
Approval Date

Approval Date

# EAST LYCOMING SCHOOL DISTRICT

## FIELDTRIP REQUEST FORM

Complete this form prior to submitting for approval. To ensure health services are available for students on this trip, the School Nurse must provide the initial approval. Note ALL requests requiring school board approval must be submitted to the Superintendent's office at least 10 days prior to the upcoming board meeting.

Date of Request: 3/17/23 School: High School  
Staff Member: Laura Barondeau / Lori Newwender  
Class/Club Attending: Life Skills Program  
Number of Students: 7 Number of Adult Chaperones: 5

### DESTINATION INFORMATION

Destination Name: Kent's Fest @ Lock Haven University  
Destination Address: East Campus Gymnasium,  
Lock Haven University  
Destination Phone Number: Dr. Erica Moore 570-484-2430  
Estimated Roundtrip Mileage: 90 miles  
Departure Date: 4/21/23 Departure Time: 8<sup>00</sup> am  
Return Date: 4/21/23 \*Return Time: 2<sup>30</sup> pm  
Rain Date: N/A  
Special Transportation Request(s) (i.e. wheelchair lift):  
wheelchair lift would be needed for this trip

### EDUCATIONAL GOAL OF TRIP

Please state the educational goal of this trip.

Kent Fest, a talent show that celebrates  
the abilities of those with a variety  
of disabilities. The show encouraged  
socialization, engagement, & a  
love for the arts.

\*Return time is the time the bus would arrive back at the school.

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Please answer the following questions to the best of your knowledge and initial where appropriate.

|   | Circle One                                 | Initials |
|---|--|----------|
| Is a school bus appropriate for this trip?<br><i>If no, please specify (i.e. Van, Charter, etc.):</i>     | <input checked="" type="radio"/> Yes    No | _____    |
| <hr/>   |  |          |
| Is this an overnight trip?  | Yes <input checked="" type="radio"/> No    | _____    |
| Will students be exposed to planned hazardous situations?<br><i>If yes, attach a written explanation.</i> | Yes <input checked="" type="radio"/> No    | _____    |
| Is there a personal cost to students/chaperones?<br><i>If yes, how much?</i> _____                        | Yes <input checked="" type="radio"/> No    | _____    |
| <i>If yes, for what?</i> _____  |  | _____    |
| Is the trip budgeted during the fiscal year?  | Yes <input checked="" type="radio"/> No    | _____    |
| Total estimated cost* of trip: <u>nurse + bus</u><br>(*include transportation, substitutes & fees)        | District Funds: _____                      |          |
|   | Other Funds: _____                         |          |
|   | Other Funds Source: _____                  |          |

***By initialing next to each of the following questions, you take responsibility for each action.***

Each student will complete a Fieldtrip Permission and Medical Information form prior to departure. AB

A list of students/chaperones and completed Fieldtrip Permission and Medical Information forms will be on file in the respective building office prior to departure. AB

### TO BE COMPLETED BY BUSINESS MANAGER

***Is this fieldtrip a covered activity under the District's insurance policies subject to the standard terms, conditions, and exclusions of the District's policies?***

☒ Yes    No

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

The requested fieldtrip provides an educational experience, which will enhance the specific curriculum instructed in my class(s)?

Lori Heiswender  
Laura Barondean

3/24/23

Date

(Submitted to School Nurse)

I have reviewed this request to ensure student health services can support this trip.  
It is my recommendation that the Principal, approve this field trip.

Paula Sheen RN 3/27/23  
3/23/23  
per L. Barondean nurse is arranged Date  
School Nurse Signature TO OK (Submitted to Principal)

I have reviewed this request, it is my recommendation that the Curriculum Director, approves this field trip.

[Signature]  
Principal's Signature

3/24/23

Date

(Submitted to the Curriculum Director)

I have reviewed this request, it is my recommendation that the Superintendent approves this field trip.

Cori A. Cotter  
Curriculum Director's Signature

03/28/2023  
Date

(Submitted to the Superintendent)

I have reviewed this request, it is my recommendation that the board of education approve the field trip.

[Signature]  
Superintendent's Signature

4-4-23

Approval Date

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Complete this form prior to submitting for approval. To ensure health services are available for students on this trip, the School Nurse must provide the initial approval. Note ALL requests requiring school board approval must be submitted to the Superintendent's office at least 10 days prior to the upcoming board meeting.

Date of Request: 03/23/23 School: Ashkar, Ferrell, and Renn  
Staff Member: Brian Scott  
Class/Club Attending: Elementary Chorus  
Number of Students: 104 (37 on bus) Number of Adult Chaperones: 3

### DESTINATION INFORMATION

Destination Name: Hughesville High School  
Destination Address: 349 Cemetery St.  
Hughesville, PA 17737  
Destination Phone Number: 570-584-2131  
Estimated Roundtrip Mileage: 30  
Departure Date: 05/04/23 Departure Time: 8:45 AM  
Return Date: 05/04/23 \*Return Time: 11:45AM  
~~Rain Date:~~ \_\_\_\_\_

Special Transportation Request(s) (i.e. wheelchair lift):  
\_\_\_\_\_

### EDUCATIONAL GOAL OF TRIP

*Please state the educational goal of this trip.*

Elementary Chorus Dress Rehearsal in Auditorium  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Return time is the time the bus would arrive back at the school.*



# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Please answer the following questions to the best of your knowledge and initial where appropriate.

Is a school bus appropriate for this trip? Circle One Initials  
Yes ☒ No ☐ BS  
*If no, please specify (i.e. Van, Charter, etc.):*

Is this an overnight trip? Yes No ☒ BS

Will students be exposed to planned hazardous situations? Yes No ☒ BS  
*If yes, attach a written explanation.*

Is there a personal cost to students/chaperones? Yes No ☒ BS  
*If yes, how much?* \_\_\_\_\_  
*If yes, for what?* \_\_\_\_\_

Is the trip budgeted during the fiscal year? Yes No ☒ BS

Total estimated cost\* of trip: Transportation District Funds: \_\_\_\_\_  
(\*include transportation, substitutes & fees) Other Funds: \_\_\_\_\_  
Other Funds Source: \_\_\_\_\_

**By initialing next to each of the following questions, you take responsibility for each action.**

Each student will complete a Fieldtrip Permission and Medical Information form prior to departure. \_\_\_\_\_

A list of students/chaperones and completed Fieldtrip Permission and Medical Information forms will be on file in the respective building office prior to departure. \_\_\_\_\_

### TO BE COMPLETED BY BUSINESS MANAGER

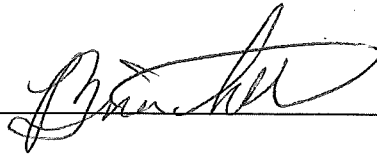
*Is this fieldtrip a covered activity under the District's insurance policies subject to the standard terms, conditions, and exclusions of the District's policies?*

Yes ☒ No ☐ HB

# **EAST LYCOMING SCHOOL DISTRICT**


## ***FIELDTRIP REQUEST FORM***

The requested fieldtrip provides an educational experience, which will enhance the specific curriculum instructed in my class(es)?

  
\_\_\_\_\_

03/23/23  
Date  
(Submitted to School Nurse)

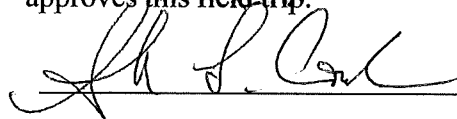
I have reviewed this request to ensure student health services can support this trip.  
It is my recommendation that the Principal, approve this field trip.

  
\_\_\_\_\_

School Nurse Signature

3/29/23  
Date  
(Submitted to Principal)

I have reviewed this request, it is my recommendation that the Curriculum Director, approves this field trip.

  
\_\_\_\_\_

Principal's Signature

3/30/23  
Date  
(Submitted to the Curriculum Director)

I have reviewed this request, it is my recommendation that the Superintendent approves this field trip.

  
\_\_\_\_\_

Curriculum Director's Signature

04/03/2023  
Date  
(Submitted to the Superintendent)

I have reviewed this request, it is my recommendation that the board of education approve the field trip.

  
\_\_\_\_\_

Superintendent's Signature

3-31-23  
Approval Date

# **EAST LYCOMING SCHOOL DISTRICT**

## ***FIELDTRIP REQUEST FORM***

Complete this form prior to submitting for approval. To ensure health services are available for students on this trip, the School Nurse must provide the initial approval. Note **ALL** requests requiring school board approval must be submitted to the Superintendent's office at least 10 days prior to the upcoming board meeting.

Date of Request: March 13, 2023 School: Joseph C. Ashkar Elementary  
Staff Member: Stacey Snyder  
Class/Club Attending: Kindergarten  
Number of Students: 72 Number of Adult Chaperones: 5 staff/ 8 parents

### **DESTINATION INFORMATION**

Destination Name: Reptiland & Kiess Park  
Destination Address: 18628 US15 575 Pennsylvania 442  
Allenwood, PA Muncy, PA  
Destination Phone Number: (570) 538-1869 (570) 546-6067  
Estimated Roundtrip Mileage: 32 miles  
Departure Date: May 11, 2023 Departure Time: 8:30 AM  
Return Date: May 11, 2023 \*Return Time: 2:00 PM  
Rain Date: \_\_\_\_\_  
Special Transportation Request(s) (i.e. wheelchair lift):  
none

### **EDUCATIONAL GOAL OF TRIP**

*Please state the educational goal of this trip.*

Reptiland provides education on the ecology and natural history of reptiles.

The students will learn about tortoises, lizards, alligators and a variety of snakes.

They also offer an outdoor dinosaur exhibit and a parakeet landing. Students will also see a show about some of the reptiles at Reptiland. Finally, students will have time to enjoy the fresh air and exercise at Kiess Park.

*\*Return time is the time the bus would arrive back at the school.*

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Please answer the following questions to the best of your knowledge and initial where appropriate.

Is a school bus appropriate for this trip? Circle One Initials  
Yes No SS  
*If no, please specify (i.e. Van, Charter, etc.):*

Is this an overnight trip? Yes No SS

Will students be exposed to planned hazardous situations? Yes No SS  
*If yes, attach a written explanation.*

Is there a personal cost to students/chaperones? Yes No SS  
*If yes, how much?* s-\$10/ adult-\$12

*If yes, for what?* admissions to Reptiland

Is the trip budgeted during the fiscal year? Yes No \_\_\_\_\_

Total estimated cost\* of trip: \$2,000.00  
(\*include transportation, substitutes & fees)

District Funds: \_\_\_\_\_  
Other Funds: PTA \$2,000.00  
Other Funds Source: \_\_\_\_\_

***By initialing next to each of the following questions, you take responsibility for each action.***

Each student will complete a Fieldtrip Permission and Medical Information form prior to departure. SS

A list of students/chaperones and completed Fieldtrip Permission and Medical Information forms will be on file in the respective building office prior to departure. SS

### **TO BE COMPLETED BY BUSINESS MANAGER**

***Is this fieldtrip a covered activity under the District's insurance policies subject to the standard terms, conditions, and exclusions of the District's policies?***

Yes No HB

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

The requested fieldtrip provides an educational experience, which will enhance the specific curriculum instructed in my class(s)?

Stacey Snyder

3/20/23  
Date

(Submitted to School Nurse)

I have reviewed this request to ensure student health services can support this trip.  
It is my recommendation that the Principal, approve this field trip.

Paula Sheer RN

3/23/23  
Date

School Nurse Signature

(Submitted to Principal)

I have reviewed this request, it is my recommendation that the Curriculum Director, approves this field trip.

Sheer

3/23/23  
Date

Principal's Signature

(Submitted to the Curriculum Director)

I have reviewed this request, it is my recommendation that the Superintendent approves this field trip.

Cori A. Cotner

03/28/2023  
Date

Curriculum Director's Signature

(Submitted to the Superintendent)

I have reviewed this request, it is my recommendation that the board of education approve the field trip.

Superintendent

4-5-23  
Approval Date

Superintendent's Signature

Approval Date

# **EAST LYCOMING SCHOOL DISTRICT**

## ***FIELDTRIP REQUEST FORM***

Complete this form prior to submitting for approval. To ensure health services are available for students on this trip, the School Nurse must provide the initial approval. Note ALL requests requiring school board approval must be submitted to the Superintendent's office at least 10 days prior to the upcoming board meeting.

Date of Request: 04-03-23 School: High School  
Staff Member: Dana Williams  
Class/Club Attending: Junior Class Officers & Prom Committee  
Number of Students: 12 Number of Adult Chaperones: 1-2

### **DESTINATION INFORMATION**

Destination Name: Aerea Premium Event Spaces  
Destination Address: 700 Hepburn Street  
Milton, Pa 17847  
Destination Phone Number: 570-556-7740  
Estimated Roundtrip Mileage: 32-40 miles  
Departure Date: 05-12-2023 Departure Time: 10:40 am  
Return Date: 05-12-2023 \*Return Time: 4:30 pm  
Rain Date: none  
Special Transportation Request(s) (i.e. wheelchair lift):  
\_\_\_\_\_

### **EDUCATIONAL GOAL OF TRIP**

*Please state the educational goal of this trip.*

Students who have been involved with the prom planning process will be  
decorating the venue according to previous plans created. Students will see  
implementation of event planning from start to finish and problem solve  
issues that arise during the implementation. Students will also see why  
budgeting and pre-planning are essential to any business/event plan.

*\*Return time is the time the bus would arrive back at the school.*

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Please answer the following questions to the best of your knowledge and initial where appropriate.

Is a school bus appropriate for this trip?      Circle One      Initials  
Yes      No      DCW  
*If no, please specify (i.e. Van, Charter, etc.):*  
I would like to try to take 1-2 vans (school van + mine if needed)- due to supplies

Is this an overnight trip?      Yes      No      DCW

Will students be exposed to planned hazardous situations?      Yes      No      DCW  
*If yes, attach a written explanation.*

Is there a personal cost to students/chaperones?      Yes      No      DCW  
*If yes, how much?*      lunch \$

*If yes, for what?*      Lunch money- we will stop for a brief lunch near venue

Is the trip budgeted during the fiscal year?      Yes      No      DCW

|   |                          |                     |                          |
|---|--------------------------|---------------------|--------------------------|
| Total estimated cost* of trip:                | <u>1/2 sub &amp; van</u> | District Funds:     | <u>1/2 sub &amp; van</u> |
| (*include transportation, substitutes & fees) |                          | Other Funds:        | <u>Student lunch</u>     |
|   |                          | Other Funds Source: | <u>Student</u>           |

***By initialing next to each of the following questions, you take responsibility for each action.***

Each student will complete a Fieldtrip Permission and Medical Information form prior to departure.      DCW

A list of students/chaperones and completed Fieldtrip Permission and Medical Information forms will be on file in the respective building office prior to departure.      DCW

### **TO BE COMPLETED BY BUSINESS MANAGER**

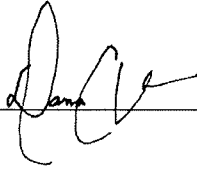
***Is this fieldtrip a covered activity under the District's insurance policies subject to the standard terms, conditions, and exclusions of the District's policies?***

Yes      No      HB

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

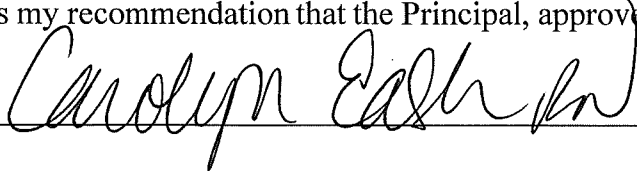
The requested fieldtrip provides an educational experience, which will enhance the specific curriculum instructed in my class(s)?

  
\_\_\_\_\_

04-03-2023

*Date*  
*(Submitted to School Nurse)*

I have reviewed this request to ensure student health services can support this trip.  
It is my recommendation that the Principal, approve this field trip.

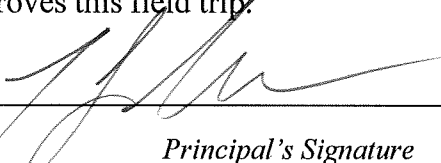
  
\_\_\_\_\_

*School Nurse Signature*

4/4/23  
\_\_\_\_\_

*Date*  
*(Submitted to Principal)*

I have reviewed this request, it is my recommendation that the Curriculum Director, approves this field trip.

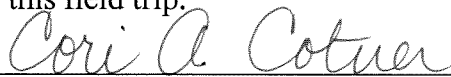
  
\_\_\_\_\_

*Principal's Signature*

4/4/23  
\_\_\_\_\_

*Date*  
*(Submitted to the Curriculum Director)*

I have reviewed this request, it is my recommendation that the Superintendent approves this field trip.

  
\_\_\_\_\_

*Curriculum Director's Signature*

04/05/2023  
\_\_\_\_\_

*Date*  
*(Submitted to the Superintendent)*

I have reviewed this request, it is my recommendation that the board of education approve the field trip.

  
\_\_\_\_\_

*Superintendent's Signature*

4-5-23  
\_\_\_\_\_

*Approval Date*



# EAST LYCOMING SCHOOL DISTRICT

## FIELDTRIP REQUEST FORM

Complete this form prior to submitting for approval. To ensure health services are available for students on this trip, the School Nurse must provide the initial approval. Note ALL requests requiring school board approval must be submitted to the Superintendent's office at least 10 days prior to the upcoming board meeting.

Date of Request: 3/16/23 School: HS  
Staff Member: Laura Barondeau  
Class/Club Attending: Life Skills Students  
Number of Students: 18 Number of Adult Chaperones: 7

### DESTINATION INFORMATION

Destination Name: Buffab Wood Wings  
Destination Address: 25 Liberty Lane  
Williamsport PA  
Destination Phone Number: 570-321-5013  
Estimated Roundtrip Mileage: 26  
Departure Date: 5/19/23 Departure Time: 11:00  
Return Date: 5/19/23 \*Return Time: ~ 2:00  
Rain Date: n/a

Special Transportation Request(s) (i.e. wheelchair lift):

No wheelchair lift required

\* We are using Susquehanna Transit (through River Valley) - using Coffee Shop funds

### EDUCATIONAL GOAL OF TRIP

Please state the educational goal of this trip.

The students in the Life Skills Program will use appropriate manners, ordering, paying + tipping skills when going out to lunch. They will work on communication skills with peers and restaurant staff.

\*Return time is the time the bus would arrive back at the school.

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Please answer the following questions to the best of your knowledge and initial where appropriate.

Is a school bus appropriate for this trip? *\* Using public transportation* Circle One **Yes** No Initials \_\_\_\_\_  
*If no, please specify (i.e. Van, Charter, etc.):* \_\_\_\_\_

Is this an overnight trip? Yes **No** \_\_\_\_\_

Will students be exposed to planned hazardous situations? Yes **No** \_\_\_\_\_  
*If yes, attach a written explanation.*

Is there a personal cost to students/chaperones? Yes **No** \_\_\_\_\_  
*If yes, how much?* \_\_\_\_\_

*If yes, for what?* \_\_\_\_\_

Is the trip budgeted during the fiscal year? Yes **No** \_\_\_\_\_

Total estimated cost\* of trip: *nurse* \_\_\_\_\_  
(\*include transportation, substitutes & fees)

District Funds: *nurse*  
Other Funds: *Spartan Sups for*  
Other Funds Source: *cost of lunch for students + staff + bus*

*By initialing next to each of the following questions, you take responsibility for each action.*

Each student will complete a Fieldtrip Permission and Medical Information form prior to departure. *JB*

A list of students/chaperones and completed Fieldtrip Permission and Medical Information forms will be on file in the respective building office prior to departure. *JB*

### TO BE COMPLETED BY BUSINESS MANAGER

*Is this fieldtrip a covered activity under the District's insurance policies subject to the standard terms, conditions, and exclusions of the District's policies?*

Yes **No** *HB*

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

The requested fieldtrip provides an educational experience, which will enhance the specific curriculum instructed in my class(s)?

Heather Barondeau

3/28/23

*Date*  
*(Submitted to School Nurse)*

I have reviewed this request to ensure student health services can support this trip.  
It is my recommendation that the Principal, approve this field trip.

Carolyn Easther

3/28/23

*School Nurse Signature*

*Date*  
*(Submitted to Principal)*

I have reviewed this request, it is my recommendation that the Curriculum Director, approves this field trip

[Signature]

*Principal's Signature*

3/28/23

*Date*  
*(Submitted to the Curriculum Director)*

I have reviewed this request, it is my recommendation that the Superintendent approves this field trip

Cori A. Cotter

*Curriculum Director's Signature*

03/29/2023

*Date*  
*(Submitted to the Superintendent)*

I have reviewed this request, it is my recommendation that the board of education approve the field trip.

[Signature]

*Superintendent's Signature*

3-29-23

*Approval Date*

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Complete this form prior to submitting for approval. To ensure health services are available for students on this trip, the School Nurse must provide the initial approval. Note ALL requests requiring school board approval must be submitted to the Superintendent's office at least 10 days prior to the upcoming board meeting.

Date of Request: 3/31/23 School: Garl G Renn Elementary  
Staff Member: Michael Bieber  
Class/Club Attending: Renn Grade 5  
Number of Students: 22 Number of Adult Chaperones: 8

### DESTINATION INFORMATION

Destination Name: Philadelphia- National Constitution Center  
Destination Address: 525 Arch St., Philadelphia, PA 19106  
Philadelphia Zoo- 3400 W. Girard Ave,  
Philadelphia, PA 19104  
Destination Phone Number: NCC 215-409-6600  
Zoo 215-243-1100  
Estimated Roundtrip Mileage: 154  
Departure Date: May 18, 2023 Departure Time: 6:30 AM  
Return Date: May 18, 2023 \*Return Time: 8:00 PM  
Rain Date: NA  
Special Transportation Request(s) (i.e. wheelchair lift):  
NA

### EDUCATIONAL GOAL OF TRIP

*Please state the educational goal of this trip.*

The students will get to experience first hand the  
founding of our country's Government that we learned about  
this year. The zoo will provide the students with  
an experience of seeing exotic animals that we  
have read about.

*\*Return time is the time the bus would arrive back at the school.*

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

Please answer the following questions to the best of your knowledge and initial where appropriate.

|  | Circle One  | Initials             |
|--|---|----------------------|
| Is a school bus appropriate for this trip?<br><i>If no, please specify (i.e. Van, Charter, etc.):</i><br><u>Charter</u>  | Yes <input type="radio"/> No <input checked="" type="radio"/>               | <u>mxB</u> <u>AT</u> |
| Is this an overnight trip?   | Yes <input type="radio"/> No <input checked="" type="radio"/>               | <u>mxB</u> <u>AT</u> |
| Will students be exposed to planned hazardous situations?<br><i>If yes, attach a written explanation.</i>  | Yes <input type="radio"/> No <input checked="" type="radio"/>               | <u>mxB</u> <u>AT</u> |
| Is there a personal cost to students/chaperones?<br><i>If yes, how much?</i> <u>approx \$20</u><br><i>If yes, for what?</i> <u>For dinner on the way home and any items in the gift shops.</u> | <input checked="" type="radio"/> Yes <input type="radio"/> No               | <u>mxB</u> <u>AT</u> |
| Is the trip budgeted during the fiscal year?   | <input checked="" type="radio"/> Yes <input type="radio"/> No               | <u>mxB</u> <u>AT</u> |
| Total estimated cost* of trip: <u>\$ 4,137.50</u><br>(*include transportation, substitutes & fees)   | District Funds: <u>✓</u><br>Other Funds: _____<br>Other Funds Source: _____ |                      |

*By initialing next to each of the following questions, you take responsibility for each action.*

Each student will complete a Fieldtrip Permission and Medical Information form prior to departure. mxB

A list of students/chaperones and completed Fieldtrip Permission and Medical Information forms will be on file in the respective building office prior to departure. mxB

### TO BE COMPLETED BY BUSINESS MANAGER

*Is this fieldtrip a covered activity under the District's insurance policies subject to the standard terms, conditions, and exclusions of the District's policies?*

☒ Yes ☐ No

HB

# EAST LYCOMING SCHOOL DISTRICT

## *FIELDTRIP REQUEST FORM*

The requested fieldtrip provides an educational experience, which will enhance the specific curriculum instructed in my class(s)?



Michael L. Butler

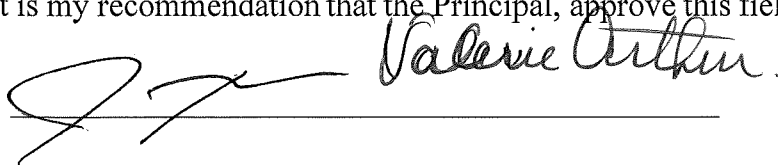
4-4-23

4-3-23

*Date*

*(Submitted to School Nurse)*

I have reviewed this request to ensure student health services can support this trip.  
It is my recommendation that the Principal, approve this field trip.



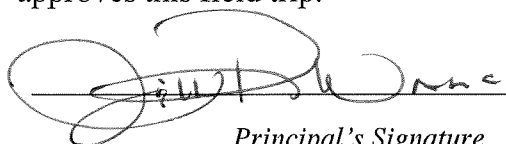
*School Nurse Signature*

4-4-23

*Date*

*(Submitted to Principal)*

I have reviewed this request, it is my recommendation that the Curriculum Director, approves this field trip.



*Principal's Signature*

April 4, 2023

*Date*

*(Submitted to the Curriculum Director)*

I have reviewed this request, it is my recommendation that the Superintendent approves this field trip.



*Curriculum Director's Signature*

04/05/2023

*Date*

*(Submitted to the Superintendent)*

I have reviewed this request, it is my recommendation that the board of education approve the field trip.



*Superintendent's Signature*

4-5-23

*Approval Date*

To: Dr. Stamm, Superintendent  
From: Richard Reichner, Junior High School Principal  
Subject: Recommendation to hire (Secondary Science Teacher)  
Date: March 28, 2023

Cariea Robbins was interviewed for the Secondary Science Teacher position on March 28, 2023. The interview was with myself, the Superintendent, Curriculum Coordinator, Senior High School Principal and a current classroom teacher. During the interview process Miss. Robbins provided in depth answers to a number of educational related questions and scenarios. Miss Robbins was also able to demonstrate her instructional methods as she taught a 10-minute segment of a lesson she prepared on plate tectonics. In addition, Miss. Robbins was able to describe her knowledge of technology and how she has used it in her lessons and communication with students and parents. Miss. Robbins has a passion for science and working with children. I am confident that she will be a valuable addition to the faculty here at Hughesville High School.

Based on the interview conducted it is my recommendation to hire Cariea Robbins for the Secondary Science Teacher position at Hughesville Junior/Senior High School on Step 1(bachelor's level) of the professional contract.



Gail Warren <gwarren@elsd.org>

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**Re: Application Materials**

1 message

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**Bryan McCaffery** <bmccaffery@elsd.org>

Tue, Apr 4, 2023 at 4:12 PM

To: Gail Warren <gwarren@elsd.org>

I am pleased to recommend Roberta Daqitz for the full-time High School Custodial position, starting when her required clearances are received. Her starting wage for her 60-day probation period will be \$13.31 per hour with benefits. At the completion of her probation period her wage is to increase to \$13.61 per hour with benefits.

Thank you,  
Bryan



**Call the Meeting to Order:** Mr. Michael, President, called the East Lycoming School District Board of Education's March 28, 2023 Board meeting to order in the High School Library beginning at 7:00 p.m. with the following Members of the Board, Administration and General Public in attendance.

**Members of the Board:**

Mr. Richard Michael - present  
Mr. Michael Mamrak - present  
Mrs. Donna Gavitt - present  
Mrs. Lisa McClintock - absent

Mrs. Tara Buebendorf - present  
Mrs. Shannon McConnell-Barlett - absent  
Mr. Matthew Pendrak - absent  
Mrs. Rose Trevouledes - present

**Administration:**

Dr. Mark Stamm - Superintendent  
Mrs. Cori Cotner - Curriculum Director  
Mr. Tom Coburn - Sr. High School Principal  
Mr. Richard Reichner - Jr. High School Principal  
Mrs. Heather Burke - Business Manager/Board Secretary  
Mr. Adam Creasy - Technology Director  
Mrs. April Paulhamus - Special Education Director  
Mr. Bryan McCaffery - Buildings & Grounds Director  
Mr. Kenneth Tallman - Athletic Director

**General Public:** Chris Kenyon - Solicitor, Michele Hicklin - Nutrition, Craig Dudek, Doug Brown, Jennifer Vermeire, Stephen Vermeire, and Lora Vermeire.

**Online Audience:** Pat Crossley (Sun-Gazette), Angela Mackenzie, Kristopher Gildein, Becci Swales, Tierney Swartz, Lora Mackenzie, Bri Miller, Laura Rondeau, and Blake Boyer.

**Educational:** It was moved by Mrs. Buebendorf, seconded by Mr. Mamrak to approve the following Educational Items:

**1. Field Trips:**

**Resolved,** upon the recommendation of Superintendent Stamm to approve the following field trips:

- |                         |                             |                                       |
|-------------------------|-----------------------------|---------------------------------------|
| - March 30, 2023        | High School Musical Preview | District-wide Grades 3-6              |
| Number of Students: 487 | Cost to Students: \$0.00    | Cost to District: \$500.00            |
| - May 15, 2023          | Warrior Run School District | Special Education Students            |
| Number of Students: 22  | Cost to Students: \$0.00    | Cost to District: \$200.00            |
| - May 25, 2023          | Washington D.C.             | Ashkar Grade 6                        |
| Number of Students: 75  | Cost to Students: \$20.00   | Cost to District: \$0.00 (PTA Funded) |

Mr. Richard Michael - yes

Mr. Michael Mamrak - yes

Mrs. Donna Gavitt - yes

Mrs. Lisa McClintock - absent

Mrs. Tara Buebendorf - yes

Mr. Matthew Pendrak - absent

Mrs. Shannon McConnell-Barlett - absent

Mrs. Rose Trevouledes - yes

**Motion Carried**

**Personnel:** It was moved by Mrs. Gavitt, seconded by Mrs. Buebendorf to approve the following Personnel Items:

**1. Full-time Custodian:**

**Resolved,** upon the recommendation of Superintendent Stamm and Mr. McCaffery to approve Mrs. Karen Henry as a Full-time Custodian at Ashkar Elementary effective retro-active to March 23, 2023. Mrs. Henry will be paid \$13.61 per hour, with benefits, per the terms of the East Lycoming Educational Support Professional Contract.

**2. Secondary Science Teacher (Professional Contract):**

**Resolved,** upon the recommendation of Superintendent Stamm and Mr. Reichner that Mr. Clinton Swartz be hired as a Secondary Science Teacher (Professional Contract) effective the 2023/2024 school year. Mr. Swartz will be paid \$80,750.00, which represents level 16 (M) of the East Lycoming Educational Professional Contract, pending receipt of required documents.

**3. 2022/2023 Daily Substitute Teacher/Support Staff/Guest Teacher Listings:**

**Resolved,** to approve the following for the 2022/2023 Daily Substitute Teacher/Support Staff/Guest Teacher Listings:

-Debra London (Nurse-RN)

**4. Assistant Volleyball Coach:**

**Resolved,** upon the recommendation of Superintendent Stamm and Athletic Director Tallman that Mrs. Molly Fuller be approved as an Assistant Volleyball Coach for the 2023 season. Mrs. Fuller will be paid \$2,776.00, which represents level 2 of the extracurricular salary agreement.

**5. Annual Performance Evaluation Salary Increase:**

**Resolved,** upon the recommendation of Superintendent Stamm that Mrs. Heather Burke, Business Manager, be given a salary increase by 2.75% effective January 27, 2023 based on the annual performance evaluation. This recommendation is in alignment with the Act 93 compensation plan.

Mr. Richard Michael - yes

Mr. Michael Mamrak - yes

Mrs. Donna Gavitt - yes

Mr. Lisa McClintock - absent

Mrs. Tara Buebendorf - yes

Mr. Matthew Pendrak - absent

Mrs. Shannon McConnell-Barlett- absent

Mrs. Rose Trevouledes - yes

**Motion Carried**

Resignations received and accepted by Superintendent Stamm:

-Alex Dwyer, Band Director, effective the end of the 2022/2023 school year.

**Minutes:** It was moved by Mrs. Gavitt, seconded by Mr. Mamrak to approve the minutes from the meeting of March 14, 2023 as submitted.

Mr. Richard Michael - yes

Mr. Michael Mamrak - yes

Mrs. Donna Gavitt - yes

Mrs. Lisa McClintock - absent

Mrs. Tara Buebendorf - yes

Mr. Matthew Pendrak - absent

Mrs. Shannon McConnell-Barlett- absent

Mrs. Rose Trevouledes - yes

**Motion Carried**

**Business/Financial Matters:** It was moved by Mr. Mamrak, seconded by Mrs. Gavitt to approve the following Business/Financial Matters:

**1. Treasurer's Report:**

**Resolved,** to accept the February 2023 Treasurer's Report as attached.

**2. Bills for Payment:**

**Resolved,** to accept bills for payment as listed and attached.

**3. Business Office Reports:**

(Act 24 Reform, Capital Projects and Student Activities)

**4. Board Committee Meeting Change:**

**Resolved,** upon the recommendation of Superintendent Stamm that the April Board Committee Meetings be changed. The Finance/Facilities Committee will be changed to meet on April 11<sup>th</sup> and the Goals Committee will be changed to meet on April 25<sup>th</sup>.

**5. Agreement with PA Trust - GASB 75:**

**Resolved,** upon the recommendation of Superintendent Stamm and Business Manager Burke that the attached agreement with PA Trust for GASB 75 Valuation and related services provided by Conrad Siegel be approved.

**6. Assignment of Fund Balance:**

**Resolved,** upon the recommendation of Superintendent Stamm and Business Manager Burke that the board approve transferring \$128,100 of PSERS/OPEB assigned fund balance to a new assigned fund balance of Health Savings Account. These funds will be used in the 2023-2024 budget year to help offset the one-time expense of the second year of the 50% funding of the health savings account for professional staff.

**7. 2023-24 Food Service Operations Budget:**

**Resolved,** upon the recommendation of Superintendent Stamm and Business Manager Burke that Nutrition, Inc. 2024 Food Service Operations Budget per the attached Budget Document be approved. For 2023-24, Nutrition, Inc. guaranteed return on the district's food service program is a projected surplus of \$51,529.33.

**8. Automated Logic Contracting Services, Inc. Proposal:**

**Resolved,** upon the recommendation of Superintendent Stamm and Director of Buildings and Grounds Rafferty that the attached proposal for web based controls for the High School Rooftop replacement equipment from Automated Logic Contracting Services, Inc. in the amount of \$12,578 be approved utilizing Capital Project funds.

**9. River Valley Regional YMCA Agreement:**

**Resolved,** upon the recommendation of Superintendent Stamm and Business Manager Burke that the attached agreement with River Valley Regional YMCA for the 2023/2024 school year.

Mr. Richard Michael - yes

Mr. Michael Mamrak - yes

Mrs. Donna Gavitt - yes

Mrs. Lisa McClintock - absent

Mrs. Tara Buebendorf - yes

Mr. Matthew Pendrak - absent

Mrs. Shannon McConnell-Barlett- absent

Mrs. Rose Trevouledes - yes

**Motion Carried**

**Public Comments:**

- Craig Dudek (Moreland Twp) - Expressed support of flex period and seniors tutoring other students. Inquired about architect fees.
- Doug Brown (Penn Twp) - Expressed concern about band program and filling the vacancy for the upcoming year.

**Adjourn:** It was moved by Mr. Mamrak, seconded by Mrs. Buebendorf to adjourn at 7:52 P.M.

Mr. Richard Michael - yes  
Mr. Michael Mamrak - yes  
Mrs. Donna Gavitt- yes  
Mrs. Lisa McClintock - absent

Mrs. Tara Buebendorf - yes  
Mr. Matthew Pendrak - absent  
Mrs. Shannon McConnell-Barlett- absent  
Mrs. Rose Trevouledes - yes

**Motion Carried**

Respectfully submitted



Heather N. Burke  
Business Manager/Board Secretary

## CONTRACT FOR PEDIATRIC THERAPY SERVICES

This contract is made and entered into this 1<sup>ST</sup> day of July, 2023 between UPMCW Williamsport d/b/a UPMC Pediatric Rehabilitation (“**UPMCW**”) located at 700 High Street, Williamsport, PA 17701 and the East Lycoming School District (“**District**”) whose administrative offices are located at 349 Cemetery Street, Hughesville, PA, 17737.

WHEREAS, UPMCW is a Pennsylvania nonprofit membership corporation whose sole member is UPMC (hereinafter referred to as “UPMC”), and is a tax-exempt charitable health care organization described in Section 501(c)(3) of the Internal Revenue Code; and

WHEREAS, UPMCW employs pediatric rehabilitation medicine therapists (Therapists) licensed to practice in the Commonwealth of Pennsylvania, specializing in Occupational Therapy, Physical Therapy and Speech Therapy;

WHEREAS, UPMCW agrees to provide Therapists to the District at locations as the parties may agree upon; and District desires to obtain the services of Therapists for District students.

NOW, THEREFORE, in consideration of the mutual terms, conditions and covenants contained herein, the parties agree as follows:

1. Obligations of UPMCW. UPMCW hereby agrees to provide Therapists to provide physical therapy (“PT”) and occupational (“OT”) services (“Services”) for District’s school age students as follows:
  - 1.1 To provide direct PT and/or OT Services based on the individual student’s evaluation results and the planned intervention goals on the individual education plan (IEP).
  - 1.2 To provide consultative PT and/or OT Services based on the individual student’s evaluation results and the planned intervention goals on the IEP. Evaluations will be completed in a ninety (90) minute session or less.
  - 1.3 To complete observations, screenings and evaluations of referred students and written reports as required by established procedures. The evaluations and corresponding documentation will concentrate on access to and participation in school-based settings.
  - 1.4 To aide in the development of IEPs for students for the 2023-2024 school year based on students’ identified needs.
  - 1.5 To attend all parent conferences, team meetings, IEP conferences, and other student related meetings as needed to review evaluation results, therapy services, and assist in the development of the IEPs.

- 1.6 To sign in/out at each site upon arrival and departure based on District protocol and procedure.
- 1.7 To maintain documentation of services provided and outcomes using the DARTS data management system. The District will help define parameters for the access to the system.
- 1.8 To complete all required billing for eligible students per District guidelines.
- 1.9 To provide documentation of professional licensure and liability insurance.

2. Obligations of District.

- 2.1 The District and UPMCW will designate a single point of contact to discuss programming and contract performance.
- 2.2 The District will obtain written parent permission and physician referral for students.

|     |   |                  |
|-----|---|------------------|
| 2.3 | The District hereby agrees:                   |                  |
|     | Physical Therapy Hourly Fee                   | <b>\$ 90.00</b>  |
|     | Physical Therapy Assistant Hourly Fee         | <b>\$ 80.00</b>  |
|     | Physical Therapy Evaluation/Re-Evaluation     | <b>\$ 140.00</b> |
|     | Occupational Therapy Hourly Rate              | <b>\$ 90.00</b>  |
|     | COTA Hourly Rate                              | <b>\$ 80.00</b>  |
|     | Occupational Therapy Evaluation/Re-Evaluation | <b>\$ 140.00</b> |
|     | Hourly Travel                                 | <b>\$ 50.00</b>  |

3. Term and Termination. The Services described in the contract will be provided on the following date(s): July 1, 2023 through June 30, 2024. This Agreement may be terminated without cause upon thirty (30) days written notice to the other party, except no such termination shall be effective until the date of the end of the District's current school year.
4. Compensation and Method of Payment. UPMCW will submit an invoice for Services within 10 days of the close of the month in which Services were provided. Payment shall be made by District within thirty (30) calendar days of the receipt of the invoice.
5. Indemnity and Insurance Requirements. UPMCW shall indemnify and hold harmless the District, its officers, agents, employees and assigns from and against all third-party claims, losses, costs, damages, expenses, reasonable attorneys' fees and liability that any of them may sustain:
  - a. arising out of Therapists' failure to comply with any applicable local state or federal law in the performance of Services under this Agreement; and

- b. arising directly or indirectly out of Therapists' performance or lack of performance of this contract.

UPMCW certifies that it currently has, and agrees to maintain during the term of this Agreement, for itself and the Therapists, professional and general liability insurance in such amounts as may be required by law or in accordance with professional standards in the Commonwealth of Pennsylvania.

Certificates of such insurance shall be furnished by UPMCW to the District and shall contain the provision that the District be given 30 days' written notice of any intent to cancel or terminate by either UPMCW or the insuring company. Failure to furnish insurance certificates or to maintain such insurance shall be a default under this contract and shall be grounds for immediate termination of this contract.

- 6. Contract Transfer. Neither party shall not assign, subcontract, or otherwise transfer any interest in this contract without the prior written approval of the other party.
- 7. Contract Modifications. This contract may be amended only by written amendments duly executed by and between the District and UPMCW. However, minor modifications may be made to take advantage of unforeseen opportunities that: (a) do not change the intent of the contract or the scope of UPMCW's performance; and (b) do not increase UPMCW's total compensation or method of payment. All such minor modifications to the contract must be recorded in writing and signed by both the District Special Education Coordinator and UPMCW, and placed on file with this contract. No price adjustments will be made unless the procedure has been included in the contract and a maximum allowable amount stipulated.
- 8. Monitoring and Evaluation. UPMCW shall cooperate with the District, or with any other person or agency as directed by the District, in monitoring, inspecting, auditing, or investigating the Services performed or activities related to this Agreement. UPMCW shall permit the District to evaluate all activities conducted under this contract as dictated by the District.
- 9. Governing Law and Interpretation. This Agreement shall be made, construed and interpreted in accordance with the laws of the Commonwealth of Pennsylvania and shall be interpreted and applied in a manner consistent with UPMCW's status as an organization described in Section 501(c)(3) of the Internal Revenue Code. The venue for any legal proceeding brought pursuant to this Agreement shall be in Lycoming County Pennsylvania.
- 10. Confidentiality of Student Information. If, during the course of the UPMCW's performance of this contract, UPMCW should obtain any information pertaining to the students' official records, UPMCW agrees that this contract shall not be construed by either party to constitute a waiver of or to in any manner diminish the provisions for confidentiality of students' official records.

11. Conflict. To the extent that the terms of this Agreement conflict with any plan, policy or procedure of UPMCS or SHMG, the terms of this Agreement shall control.

12. Entire Agreement. This contract constitutes and expresses the entire agreement and understanding between the parties concerning the subject matter of this contract.

**IN WITNESS WHEREOF**, the District and UPMCW have executed this contract on the day and year first written above.

UPMC Williamsport:

By: \_\_\_\_\_  
Patricia Jackson-Gehris, President Date

Attest: \_\_\_\_\_

East Lycoming School District:

By: \_\_\_\_\_  
Signature Date

Attest: \_\_\_\_\_





# **pennsylvania**

**DEPARTMENT OF EDUCATION**

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF EDUCATION

333 MARKET STREET

HARRISBURG, PA 17126-0333

[www.education.pa.gov](http://www.education.pa.gov)

**Food Service Management Company (FSMC)**

**Renewal Year Fixed Price Contract**

**East Lycoming School District**

**117-41-200-3**

**July 1, 2023 to June 30, 2024**

Any School Food Authority (SFA) selecting to renew a contract with their current FSMC must prepare a Renewal Year Contract utilizing this document which may not be re-typed or changed in any way.

## Agreement Page

The Pennsylvania Department of Education (PDE) provides this contract as a service to sponsors, therefore; PDE shall not be named as a party to this contract. The School Food Authority, hereafter referred to as the SFA, is the responsible authority, without recourse to PDE and/or the United States Department of Agriculture (USDA) regarding the settlement and satisfaction of all issues arising under this contract. This includes, but is not limited to, disputes, claims, protests of award or source evaluation.

The FSMC certifies that they shall operate in accordance with all applicable State and Federal regulations.

The FSMC certifies that all terms and conditions within the Bid Solicitation shall be considered a part of the contract as if incorporated therein.

This Agreement shall be in effect for one year starting **July 1, 2023** and may be renewed, by mutual agreement, for up to **0** additional one-year period(s).

IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed by their duly authorized representative on the date signed.

East Lycoming School District

SFA

The Nutrition Group

FSMC

SFA Authorized Representative Signature

Heather N. Burke

Printed Name of SFA Authorized Representative

FSMC Authorized Representative Signature

Mary Kay Bukeavich

Printed Name of FSMC Authorized Representative

Business Manager

SFA Authorized Representative Title

Regional Manager

FSMC Authorized Representative Title

## Appendix A

### SFA Renewal Certification of Acknowledgement

Initial below each statement certifying that you have read and fully understand the contents of this contract.

- A. I certify that I, **Heather N. Burke**, on behalf of **the SFA**, have read and fully understand the contents of this contract. I understand that the SFA must maintain oversight of the food service operations and that these responsibilities will not be delegated to the FSMC. I also understand that the SFA is responsible for closely monitoring the FSMC contract and the FSMC's daily activities.

Initial Here:

- B. I certify that I, nor any employees (including School Board members) of **the SFA** will not solicit or accept donations, gratuities, nor favors from current or potential FSMCs (i.e. gifts, golf outings, meals, etc.).

Initial Here:

- C. I certify that **the SFA** has a written Code of Conduct that addresses conflicts of interest and governing the performance of its employees engaged in the selection, award and administration of contracts, and will make sure all employees are aware of said standards.

Initial Here:

- D. I have read and understand what the allowable costs are for all of the applicable CN programs.

Initial Here:

- E. I certify that **the SFA** will be legally responsible for the conduct of the food service program and shall supervise the food service operations in such manner as will ensure compliance with the rules and regulations of PDE and the USDA regarding each of the CN programs covered by this contract.

Initial Here:

- F. I certify that this **SFA position** **Assistant Business Manager** will fulfill the SNP director responsibilities. The SNP director must meet the minimum Professional Standards hiring and annual training requirements and provide program oversight, including but not limited to, ensuring that the FSMC's food service director and all food service staff also meet the Professional Standards requirements (Title 7 CFR §210.30). Directors must accrue eight (8) hours of food safety training upon hire and every five (5) years thereafter.

Initial Here:

- G. I certify that **the SFA** shall retain control of the CN programs' non-profit school food service account, signature authority, and overall financial responsibility for the CN programs. This includes access to the PEARS account, COMPASS, or PrimeroEdge Student Eligibility System.

Initial Here:

- H. I certify that CN programs are the responsibility of **the SFA** and **the SFA** is responsible for all contractual agreements entered into in connection with the CN programs.

Initial Here:



- I. I certify that **the SFA** will be responsible for determining student eligibility for all applicable programs and that **the FSMC** will not be involved in the process.

Initial Here:

- J. I certify that **the SFA** will retain all records for the current year plus the three additional years beyond the end of the contract.

Initial Here:

- K. I certify that all food will be in compliance with the current meal standards and Local Wellness Policy.

Initial Here:

- L. I certify that **the SFA** will monitor **the FSMC** in order to ensure compliance with USDA regulations.

Initial Here:

- M. I certify that **the SFA** has created an advisory board composed of students, teachers, and parents to assist in menu planning.

Initial Here:

- N. I certify that **the SFA** will not delegate any of the above responsibilities to the FSMC.

Initial Here:

- O. I hereby certify that neither **the SFA** nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

Initial Here:

- P. I further certify that neither **the SFA** nor any of its principals/authorized representatives has a reported criminal background that would affect the receipt of Federal funds.

Initial Here:

- Q. I certify that **the FSMC** is not a paid consultant or contractor with **the SFA** in any other capacity than for this contract.

Initial Here:

I certify under penalty of perjury that the information on these forms is true and correct, and that I will immediately report to the State Agency any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of Federal funds. The State Agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable Federal and State criminal statutes.

On behalf of **the SFA**, I hereby agree to comply with all State and Federal laws and regulations governing the CN programs administered by the State Agency. In accordance with Federal law and USDA policy, **the SFA** does not discriminate on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Printed Name of SFA Authorized Representative

Heather N. Burke

SFA Authorized Representative Title

Business Manager

SFA Authorized Representative Signature

## Appendix B

### FSMC Certification of Acknowledgement

Initial below next to each statement certifying that you have read and fully understand the contents of this contract.

- A. I certify that I, **Mary Kay Bukeavich**, on behalf of **the FSMC**, have read and fully understand the contents of this contract.

Initial Here:

- B. I certify that I, nor any of the employees of **the FSMC** have not received any solicitations from any **the SFA** employee. In addition, I certify that no gifts, donations, or anything of monetary value (i.e. golf outings, meals, etc.) have been provided.

Initial Here:

- C. I certify that employees of **the FSMC** will be trained to understand and comply with all necessary trainings including the current written Code of Conduct authored by **the SFA**.

Initial Here:

- D. I certify that all of **the FSMC** food service employees meet the minimum Professional Standards requirements.

Initial Here:

- E. I certify that **the SFA** will be legally responsible for the conduct of the food service program, and shall have access to all necessary documents, which will be maintained onsite, including but not limited to all contracts with vendors so that they may supervise the food service operations in such manner as will ensure compliance with the rules and regulations of PDE and the USDA regarding each of the CN programs covered by this contract.

Initial Here:

- F. I certify that **the FSMC** will not have control of the CN programs' non-profit school food service account, signature authority, and overall financial responsibility for the CN programs. This includes access to the PEARS account, COMPASS, or the PrimeroEdge Student Eligibility System.

Initial Here:

- G. I certify that **the SFA** will be responsible for determining student eligibility for all applicable programs and that **the FSMC** will have no involvement in the process.

Initial Here:

- H. I certify that all food will be in compliance with the current meal standards and Local Wellness Policy.

Initial Here:

- I. I hereby certify that neither **the FSMC** nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

Initial Here:

- J. I certify that **the FSMC** will comply with all applicable standards, orders, or requirements issued under the Clean Air Act and the Federal Water Pollution Control Act and will report violations to the Federal awarding agency and the Regional Office of the Environmental Protection Agency.

Initial Here:

K. I certify that neither **the FSMC** nor any of its principals/authorized representatives has a reported criminal background that would affect the involvement in CN programs.

Initial Here:

L. I certify that **the FSMC** is not a paid consultant or contractor with **the SFA** in any other capacity than for this contract.

Initial Here:

I certify under penalty of perjury that the information on these forms is true and correct, and that I will immediately report to the SFA any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of Federal funds. The State Agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable Federal and State criminal statutes.

On behalf of **the FSMC**, I hereby agree to comply with all State and Federal laws and regulations governing the CN programs administered by the State Agency. In accordance with Federal law and USDA policy, **the FSMC** does not discriminate on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Printed Name of FSMC Authorized  
Representative

Mary Kay Bukeavich

FSMC Authorized Representative Title

Regional Manager

FSMC Authorized Representative Signature



## Appendix C

### Acknowledgement of Personnel Relationships

☐ Yes ☒ No (choose one), **the SFA** employs the same person/people that is/ are employee(s) of the **FSMC**.

If Yes, we the undersigned certify that the employee(s):

- Does/will not have a real or apparent conflict of interest.
- Does/will not participate in the selection, award, or administration of the contract.
- Does/will not have access to or control of the food service financial account.
- Does/will not be involved in the establishment of the selling prices for all reimbursable and non-reimbursable meals, a la carte items, adult meals, catering, or vending items.
- Does/will not have access to CN PEARS, COMPASS, or the PrimeroEdge Student Eligibility System.
- Does/will not be involved in the completion, distribution or collection of the parent letters and household applications for free and reduced price meals.
- Does/will not be involved in the determination or verification of eligibility for free and reduced price meals.

| Employee Name | SFA Position Title and Job Duties | FSMC Position Title and Job Duties |
|---------------|-----------------------------------|------------------------------------|
|               |                                   |                                    |
|               |                                   |                                    |
|               |                                   |                                    |
|               |                                   |                                    |
|               |                                   |                                    |

East Lycoming School District

SFA

The Nutrition Group

FSMC

SFA Authorized Representative Signature

FSMC Authorized Representative Signature

Heather N. Burke

Printed Name of SFA Authorized Representative

Mary Kay Bukeavich

Printed Name of FSMC Authorized Representative

Business Manager

SFA Authorized Representative Title

Regional Manager

FSMC Authorized Representative Title



Appendix D

Certification Regarding Debarment and Suspension

This certification is required by the regulations implementing Executive Order 12549 and 12689, “Debarment and Suspension” (Title 2 CFR Part 180). These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

- (1) The prospective participant certifies, by submission of this proposal, that neither it nor its principals:
- (a) Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
  - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

|  |                     |
|--|---------------------|
| FSMC   | The Nutrition Group |
| Printed Name of FSMC Authorized Representative | Mary Kay Bukeavich  |
| FSMC Authorized Representative Title           | Regional Manager    |
| FSMC Authorized Representative Signature       |                     |

## Appendix E

### Certification Regarding Lobbying

Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

FSMC

The Nutrition Group

Printed Name of FSMC Authorized Representative

Mary Kay Bukeavich

FSMC Authorized Representative Title

Regional Manager

FSMC Authorized Representative Signature

**Disclosure of Lobbying Activities**  
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

☐ Applicable      ☒ Not Applicable  
(This form must be signed regardless of Applicability)

|  |  |  |
|--|--|--|
| 1. Type of Federal Action: _____<br>a. contract<br>b. grant<br>c. cooperative agreement<br>d. loan<br>e. loan guarantee<br>f. loan insurance   | 2. Status of Federal Action: _____<br><br>a. bid/offer/ application<br>b. initial award<br>c. post-award   | 3. Report Type: _____<br>a. initial filing<br>b. material change<br><br>For Material Change Only: Year _____<br>Quarter _____<br>Date of Last Report _____ |
| 4. Name and Address of Reporting Entity:<br>Prime<br><br>Subawardee<br><br>Tier, if known:<br><br>Congressional District, if known:  | 5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:<br><br><br>Congressional District, if known:   |  |
| 6. Federal Department/Agency:  | 7. Federal Program Name/Description:<br><br>CFDA Number, if applicable:  |  |
| 8. Federal Action Number, if known:  | 9. Award Amount, if known:<br>\$   |  |
| 10. a. Name and Address of Lobbying Entity:<br>(last name, first name, MI)<br><br><br><div style="text-align: center;">(Attach Continuation Sheet(s) SF-LLL-A If Necessary) (if individual, last name, first name, middle)</div>   |  |  |
| 11. Amount of Payment (check all that apply):<br><br>\$ _____ Actual      \$ _____ Planned   | 13. Type of payment (check all that apply):<br>_____ a. retainer<br>_____ b. one-time fee<br>_____ c. commission<br>_____ d. contingent fee<br>_____ e. deferred<br>_____ f. other; specify: |  |
| 12. Form of Payment (check all that apply):<br><br>_____ a. cash<br>_____ b. in-kind; specify:<br>Nature _____<br>Actual _____   |  |  |
| 14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) contracted for Payment indicated in Item 11:<br><br><br><div style="text-align: center;">(Attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>  |  |  |
| 15. Are Continuation Sheet(s) SF-LLL-A Attached:      Yes _____ (Number _____)      No _____   |  |  |
| 16. Information requested through this form is authorized by Title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature:<br>Name: Mary Kay Bukeavich<br>Title: Regional Manager<br>Telephone: 570-760-8481   |  |



Disclosure of Lobbying Activities  
Continuation Sheet SF-LLL-A

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

## Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use of SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee; e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state, and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) Number, Invitation for Bid (IFB) Number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes e.g., "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state, and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check all that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check all that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether a SF-LLL-A Continuation Sheet(s) is attached. List number of sheets, if yes.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget. Paperwork Reduction Project (0348-00046), Washington, DC 20503.

**EAST LYCOMING SCHOOL DISTRICT  
2022/23 ENROLLMENT STAFF TOTALS**

| <u><b>ASHKAR</b></u> |            |
|----------------------|------------|
| K - Balliet          | 18         |
| K - Fox              | 18         |
| K - W. Fortin        | 19         |
| K - Snyder           | 17         |
| Gr. 1 - English      | 19         |
| Gr. 1 - Gottschall   | 18         |
| Gr. 1 - Ward         | 19         |
| Gr. 1 - Yerg         | 19         |
| Gr. 2 - P. Fortin    | 21         |
| Gr. 2 - Labatch      | 20         |
| Gr. 2 - Paulhamus    | 20         |
| Gr. 2 - Whaley       | 20         |
| Gr. 3 - Mamrak       | 22         |
| Gr. 3 - Tagliaferri  | 23         |
| Gr. 3 - J. Winters   | 22         |
| Gr. 4 - Davis        | 23         |
| Gr. 4 - Lunge        | 21         |
| Gr. 4 - Olshefskie   | 22         |
| Gr. 4 - Stryker      | 22         |
| Gr. 5 - Folmar       | 23         |
| Gr. 5 - Mowrey       | 23         |
| Gr. 5 - Sherman      | 25         |
| Gr. 6 - T. Winters   | 25         |
| Gr. 6 - Walk         | 25         |
| Gr. 6 - Yeager       | 25         |
| <b>PRE-K</b>         | <b>20</b>  |
| <b>GRADE K</b>       | <b>72</b>  |
| <b>GRADE 1</b>       | <b>75</b>  |
| <b>GRADE 2</b>       | <b>81</b>  |
| <b>GRADE 3</b>       | <b>67</b>  |
| <b>GRADE 4</b>       | <b>88</b>  |
| <b>GRADE 5</b>       | <b>71</b>  |
| <b>GRADE 6</b>       | <b>75</b>  |
| <b>TOTAL ASHKAR</b>  | <b>549</b> |

| <u><b>RENN</b></u> |            |
|--------------------|------------|
| K - A. Brinser     | 19         |
| Gr. 1 - Carper     | 21         |
| Gr. 2 - Mallery    | 19         |
| Gr. 3 - Bitler     | 21         |
| Gr. 4 - Hartman    | 24         |
| Gr. 5 - Bieber     | 22         |
| Gr. 6 - Jansen     | 16         |
| Gr. 6 - Seube      | 16         |
| <b>PRE-K</b>       | <b>20</b>  |
| <b>TOTAL RENN</b>  | <b>178</b> |

| <u><b>FERRELL</b></u> |            |
|-----------------------|------------|
| Gr. K - Michael       | 20         |
| Gr. 1 - Wallis        | 20         |
| Gr. 2 - Burkhardt     | 19         |
| Gr. 3 - Siperko       | 22         |
| Gr. 4 - Stopper       | 20         |
| Gr. 5 - B. Brinser    | 24         |
| Gr. 6 - Kilgore       | 19         |
| <b>TOTAL FERRELL</b>  | <b>144</b> |

| <u><b>HIGH SCHOOL</b></u> |            |
|---------------------------|------------|
| <b>7 - 126</b>            | <b>125</b> |
| <b>8 - 110</b>            | <b>109</b> |
| <b>9 - 135</b>            | <b>135</b> |
| <b>10 - 123</b>           | <b>123</b> |
| <b>11 - 126</b>           | <b>125</b> |
| <b>12 - 127</b>           | <b>128</b> |
| <b>HS TOTAL</b>           | <b>745</b> |

**TOTAL ELEMENTARY 871**

**DISTRICT TOTAL 1616**

| <u><b>STAFF</b></u> |            |
|---------------------|------------|
| TEACHERS            | 127        |
| AIDES               | 25         |
| CAFETERIA           | 15         |
| CASE WORKER         | 1          |
| CONFIDENTIAL        | 3          |
| CUSTODIANS          | 11         |
| MAINTENANCE         | 6          |
| SECRETARIES         | 9          |
| SRO                 | 1          |
| TECH                | 2          |
| TRAINER             | 1          |
| <b>TOTAL</b>        | <b>201</b> |

| HOMESCHOOL STUDENTS |           |  |              |           |  |              |           |
|---------------------|-----------|--|--------------|-----------|--|--------------|-----------|
|                     |           |  |              |           |  |              |           |
|                     |           |  |              |           |  |              |           |
| 22/23 SY            |           |  | 21/22 SY     |           |  | 20/21 SY     |           |
| K                   | 1         |  | K            | 3         |  | K            | 1         |
| 1                   | 6         |  | 1            | 2         |  | 1            | 1         |
| 2                   | 3         |  | 2            | 3         |  | 2            | 6         |
| 3                   | 3         |  | 3            | 8         |  | 3            | 1         |
| 4                   | 9         |  | 4            | 4         |  | 4            | 5         |
| 5                   | 3         |  | 5            | 6         |  | 5            | 5         |
| 6                   | 5         |  | 6            | 7         |  | 6            | 3         |
| 7                   | 5         |  | 7            | 3         |  | 7            | 4         |
| 8                   | 4         |  | 8            | 3         |  | 8            | 4         |
| 9                   | 3         |  | 9            | 4         |  | 9            | 3         |
| 10                  | 5         |  | 10           | 3         |  | 10           | 1         |
| 11                  | 1         |  | 11           | 1         |  | 11           | 2         |
| 12                  | 1         |  | 12           | 2         |  | 12           | 2         |
| <b>TOTAL</b>        | <b>49</b> |  | <b>TOTAL</b> | <b>49</b> |  | <b>TOTAL</b> | <b>38</b> |