

**Maryville City Schools  
833 Lawrence Avenue  
Maryville, TN 37803**

**BOARD OF EDUCATION  
REGULAR MEETING**

**5:00 PM, JANUARY 9, 2017  
MONTGOMERY RIDGE INTERMEDIATE SCHOOL**

- I. CALL TO ORDER** **CHAIRMAN POPE**  
**MOMENT OF SILENCE**  
**PLEDGE OF ALLEGIANCE** – Ben Turner, 4<sup>th</sup> grade student
- II. ADOPT AGENDA**
- III. COMMENTS FROM THE PUBLIC ON AGENDA ITEMS**
- IV. CONSENT AGENDA ITEMS**
1. Approve Minutes of December 12, 2016, meeting (Attachment)
  2. Approve Montgomery Ridge Intermediate School Science Club overnight trip to Ripley's Aquarium of the Smokies (Attachment A1)
- V. UPDATE FROM MONTGOMERY RIDGE INTERMEDIATE SCHOOL – Kevin Myers, Principal**
- VI. REPORTS FROM DIRECTOR OF SCHOOLS**
- VII. RECOGNITION OF STAFF AND STUDENTS**
- VIII. COMMENTS FROM BOARD MEMBERS**
- IX. ADJOURN**

**Upcoming meeting dates:**

February 13, 2017 – 5:00 pm, Foothills Elementary School

March 13, 2017 – 5:00 pm, Maryville Academy

FIELD TRIP REQUEST FORM  
Montgomery Ridge Intermediate School

AI

Grade: 5-7 Team: Science Club

Teacher Coordinator: Stacy Haralson

Date: April 13-14 Destination: Ripley's Aquarium of the Smokies

Cost per student: \$60.00 Cost per adult: \$60.00

Number of attending students: 40 Number of attending adults: 10

Departure Time: 6:00 pm April 13<sup>th</sup> Return Time: 10:00 am April 14<sup>th</sup>

Method of transportation: Walk  Cars  Bus  Number of Buses

Bus Owner: \_\_\_\_\_

Justification for trip: On this trip, Science Club students will have the opportunity to experience a squid dissection, dive show, scavenger hunt, and sleeping in the

Principal's Signature: D. Kevin Myers

*Shark Lagoon at Ripley's Aquarium of the Smokies.*

\*\*Director of Schools Signature\*\*:  
[Signature]

To Be Completed After Approval:		
PO# _____		
Cafe Manager: _____ (Initials)	Clinic (Meds) _____ (Initials)	Office (Perm. Slip) _____ (Initials)

**CUT & RETURN TOP PORTION TO OFFICE FOR APPROVAL**

**COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER - AFTER TRIP**

Grade: \_\_\_\_\_ Team: \_\_\_\_\_

Teacher Coordinator: \_\_\_\_\_

Field Trip Destination: \_\_\_\_\_

Final Count of Students Paying: \_\_\_\_\_

Final Count of Students Waived: \_\_\_\_\_

Final Count of Adults Paying: \_\_\_\_\_

Signature of Person Verifying: \_\_\_\_\_

<b>FOR BOOKKEEPER TO COMPLETE:</b>	
Amount Donated: _____	
Total Paid by Students: _____	
Total Paid by Adults: _____	