



# SPEND PLAN -CLASS FEE DISCLOSURE STATEMENT

School Year 20 23 - 20 24

Course Name Foods & Nutrition

Teacher Name Brooke Johnson

Item	Description of Item Spend Plan	Fee Amount	Revenue # (Office Use)
groceries	food and supplies for labs	\$ 30	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Total Fee \$ 30

Add all items as outlined in maximum fee amounts from the approved Davis School District Fee Schedule with a description of each item and fee amount. \*\*include class fee, activity fee, transportation, apparel, etc. No other costs can be added after the approval is provided and disclosed to parent/guardians. The class fee must include everything a student would need to get an "A" from your class and no other material can be required to be purchased outside of this fee *\*unless a student and teacher agree on a project above and beyond the required included in this disclosure.* This approved Spend Plan should be posted/distributed to parents/guardians at the beginning of each year/semester for transparency purposes.

Teacher Signature: Brooke Johnson 

Department Head Signature: 

Principal Approved Signature: 