



EAST CARROLL PARISH SCHOOL BOARD

P.O. Box 792
514 Third Street
Lake Providence, LA 71254-0792

Office of Superintendent
Ms. Meagan Brown

Notice Posted: May 3, 2021 10:00 a.m.

Jacqueline Folk
President
District 4

NOTICE OF PUBLIC HEARING/MEETING

Gene Edmondso
Vice President
District 5

EAST CARROLL PARISH SCHOOL BOARD

DATE: May 4, 2021

TIME: 6:30 P.M.

PLACE OF MEETING:

East Carroll Parish Media Center

514 Third Street

Lake Providence, LA 71254

Shirley Fairchil
District 1

John Shoemaker
District 2

AGENDA

Wanda Jackson
District 3

1. Call to order
2. Invocation
3. Pledge of Allegiance
4. Welcome visitors and consider a motion to adopt the minutes of the April 12, 2021 regular board meeting and the April 23, 2021 special meeting
5. Consider a discussion of budgeted to actuals for March 2021
6. Consider a motion to approve of Salary Supplements for all district employees to be given in May, 2021.
7. Consider awarding winners for Student-of-the-Year for the 2020-2021 school year
8. Consider awarding winners for Teacher-of-the-Year for the 2020-2021 school year
9. For informational purposes only, the following personnel changes were made: (See Packet)
10. Consider a motion to adopt the 2021-2022 School District Calendar
11. Adopt the adjusted millage rate(s).

“An Equal Opportunity Employer”

13. Consider giving the Superintendent permission to advertise for janitorial supplies
14. Consider a motion to approve of the following: (1) Official Depository of School Board funds and (2) Official Journal
15. Consider a motion to adopt the following policies:
 - a. Retirement
16. Consider a motion to approve of our Safe Return to In Person Plan for the 2021-2022 school year
17. Consider an update from the Superintendent
18. Consider a motion to adjourn

Notice: Anyone who desires to address the school board on an agenda item should complete a comment card indicating the item he/she wishes to address and provide it to the President prior to the meeting. Speakers are limited to five (5) minutes each.

(Name of Authorized Person)

(Name of Taxing District)

(Address)

(Telephone Number)