Maryville City Schools
520 S. Washington Street
Maryville, TN 37804

BOARD OF EDUCATION **5:30 PM, SEPTEMBER 9 , 2024**
REGULAR MEETING **JOHN SEVIER ELEMENTARY SCHOOL**

I. CALL TO ORDER **CHAIR ELDER**
MOMENT OF SILENCE
PLEDGE OF ALLEGIANCE Aleena Manuel-Hernandez and Dayanara Sierra Bautista – third grade

II. UPDATE FROM JOHN SEVIER ELEMENTARY SCHOOL: Josh Oliver, Principal

III. ADOPT AGENDA

IV. COMMENTS FROM THE PUBLIC ON AGENDA ITEMS

V. CONSENT AGENDA ITEMS

1. Approve Minutes of August 19, 2024, meeting (Attachment)
2. Approve change to Board Policy 4.602 (GPA Calculation and Recognition – second reading (Attachment A1)
3. Ratify Executive Committee approval of Maryville High School Theatre trip to Dolly Parton's Stampede – Funding Source: students (Attachment A2)
4. Approve Maryville Jr High School Tennis Team overnight trip to attend TMSAA/USTA Tennis State Tournament in Murfreesboro, Tennessee- Funding Source: Parents (Attachment A3)

VI. AGENDA

1.

VII. REPORTS FROM DIRECTOR OF SCHOOLS

VIII. RECOGNITION OF STAFF AND STUDENTS

IX. COMMENTS FROM BOARD MEMBERS

X. ADJOURN

Upcoming meeting dates:
October 21, 2024, 5:30 p.m. Sam Houston Elementary School
November 18, 2024, 5:30 p.m. Montgomery Ridge Intermediate School

Maryville City Board of Education

Monitoring:	Descriptor Term:	Descriptor Code:	Issued Date:
Review: Biennially, in August	**GPA Calculation and Recognition**	**4.602**	**09/09/24**
		Rescinds: **4.602**	Issued: **04/11/22**

It is the desire of the School Board that honors courses, courses for which students receive college credit, industry certification aligned courses, and Advanced Placement courses receive additional weight in GPA calculations. The Director of Schools shall develop procedures for GPA calculations, in accordance with the guidelines set forth by the State Board of Education, which will be communicated annually in the appropriate Student Handbooks.

REPEATING COURSES IN GRADES 9-12

With the principal's permission, students may repeat courses on a space-available basis under provisions set forth in this policy.

Courses previously failed may be repeated in summer school or during the regular school year. Students with a final course grade between 50-69 may be eligible for credit recovery.

Courses passed with a grade of "B" or better may not be repeated. A passing grade of "C" or lower may be repeated with principal approval.

When a course is repeated, the higher of the two grades shall be computed as part of the accumulated grade point average. However, both the old and new grades will appear on the student transcript.

CLASS RANKING

The weighted GPA will be calculated on all course work as outlined in the Maryville High School course catalog.

~~Maryville City Schools shall not rank students numerically and a valedictorian and salutatorian will not be named. Instead for the purpose of honors recognition MCS will use the following Latin System:~~

Maryville City Schools shall report class rank in deciles (e.g., top 10%, top 20%, and so on) rather than an exact number. A valedictorian and salutatorian will not be named. For honors recognition, MCS will use the following Latin System:

- Summa Cum Laude 4.45 and above
- Magna Cum Laude 4.25 – 4.44
- Cum Laude 3.95 – 4.24

Cross References

Grading System 4.600
Graduation Requirements 4.605

MARYVILLE CITY SCHOOLS

Mike Winstead
Director of Schools

833 Lawrence Avenue
Maryville, Tennessee 37803

August 20, 2024
Maryville City School Board
Executive Committee Meeting

Approve Maryville High School Theatre trip to Dolly Parton's Stampede – Funding Source: Students $80.00 per student

APPROVED:

Director of Schools _____ Date 0820/2024

Chair, Board of Education _____ Date 08/20/2024

Maryville Board of Education
Nick Black Candy Morgan Julie Elder Isaac Simerly Bart Stinnett

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MHS Grade/Course/Team/Organization: 10-12 MHS Theatre
Coordinating Teacher(s): Clarissa Feldt
Trip Date: 9/5/2024 Destination: Dolly Parton's Stampede
Cost Per Student: $90 Cost Per Adult: $90
Number of Attending Students: 40 Number of Attending Adults: 5
Departure Time: 12:15pm Return Time: 8:30pm
Is this an overnight trip? ☐ Yes ☒ No *overnight trips require board approval
Funding Source: Theatre Production Fees *for trips requiring board approval
Is a school nurse required to attend? ☐ Yes ☒ No
Transportation: ☐ Walk ☐ Cars ☒ Bus ☐ SPED Bus Number of Buses 1-2
Bus Service Provider: Rocky Top
Trip Justification: Fall Musical to be performed + executed in a similar style
Trip Coordinator's Signature: [signature]
Principal's Signature: [signature] 8/15/24
Director of Schools Signature: [signature] Date: 8/20/24
School Board Approval, as applicable: [signature] Date: 8/20/24

To Be Completed After Approval:
PO#: _____
Please Initial Below:
Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____ Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL
COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade: _____ Department/Team: _____
Coordinating Teacher(s): _____
Field Trip Destination: _____
Final Count of Students Paying: _____
Final Count of Students Waived: _____
Final Count of Adults Paying: _____
Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:
Amount Donated: _____
Total Paid by Students: _____
Total Paid by Adults: _____

REVISED 9.8.23

FIELD TRIP REQUEST FORM
Maryville City Schools

School: __MJHS_ Grade/Course/Team/Organization: __MJHS Tennis Team_____

Coordinating Teacher(s): _Christian Burns_____

Trip Date: _9/28-9/29_____Destination: __Murfreesboro, TN_____

Cost per student: ____$0_____ Cost per adult: ___$0_____

Number of attending students: _____ Number of attending adults: _____

Departure Time: _7:00 a.m.__ Return Time: _8:00 p.m.__; Overnight? __Yes___ *requires board approval

Transportation: Walk _____ Cars__X___ Bus_____ SPED Bus_____ Number of Buses_____

Bus Service Provider: _____

Trip Justification: ____TMSAA/USTA Tennis State Tournament_____

Trip Coordinator's Signature: Nicholas E. Kenda Principal's Signature: _____

Director of Schools Signature: Mark Wilson Date: 9/4/24

*School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval:

PO# _____

Cafe Manager:_____ (Initials) Clinic (Meds)_____ (Initials) Office (Perm. Slip) _____ (Initials) Website/Calendar_____ (Initials)

CUT & RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER - AFTER TRIP

Grade: _____Department/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: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____