Maryville City Schools
520 S Washington Street
Maryville, TN 37804

BOARD OF EDUCATION **5:30 PM, OCTOBER 20, 2025**
REGULAR MEETING **SAM HOUSTON ELEMENTARY SCHOOL**

I. CALL TO ORDER **CHAIR ELDER**
MOMENT OF SILENCE
PLEDGE OF ALLEGIANCE Hayes Foshee – third grade

II. UPDATE FROM SAM HOUSTON ELEMENTARY SCHOOL Molly Rice, Principal

III. ADOPT AGENDA

IV. COMMENTS FROM THE PUBLIC ON AGENDA ITEMS

V. CONSENT AGENDA ITEMS

1. Approve Minutes of September 22,2025, meeting (Attachment)
2. Ratify Executive Committee approval for Maryville Junior High School Tennis Team overnight trip to Murfreesboro, Tennessee for TMSAA State Tennis Tournament – Funding Source: Tennis Team Funds (Attachment A1)
3. Approve Montgomery Ridge Intermediate School Rangers overnight to Charleston, South Carolina and Savannah, Georgia – Funding Source: Students (Attachment A2)
4. Ratify Executive Committee action naming the road from Cunningham Street to the Don Story Building George Quarles Way (Attachment A3)
5. Approve Coulter Grove Intermediate School Leadership Team overnight to Charleston, South Carolina – Funding Source: Self Pay (Attachment A4)
6. Approve the 2025 LEA Compliance Report (Attachment A5)
7. Approve the 2025 TISA Accountability Report
8. Approve Maryville High School Model United Nations Club overnight to Chattanooga, Tennessee to attend a conference – Funding Source: Model UN fees (Attachment A6)

VII. REPORTS FROM DIRECTOR OF SCHOOLS

VIII. RECOGNITION OF STAFF AND STUDENTS

IX. COMMENTS FROM BOARD MEMBERS

X. ADJOURN

Upcoming meeting dates:
November 17, 2025, 5:30 p.m. Maryville High School
December 15, 2025, 5:30 p.m. Central Office Multi-Purpose Room

MARYVILLE CITY SCHOOLS

Mike Winstead
Director of Schools

520 S Washington Street
Maryville, Tennessee 37804

September 23, 2025
Maryville City School Board
Executive Committee Meeting

Approve Maryville Junior High School Tennis Team overnight trip to Murfreesboro, Tennessee - Funding Source: Tennis Team Funds

APPROVED:

Director of Schools _____ Date 09/23/2025

Chair, Board of Education _____ Date 09/23/2025

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

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MJHS Grade/Course/Team/Organization: Tennis

Coordinating Teacher(s): Christian Burns

Trip Date: 9/27-9/28 Destination: Murfreesboro, TN

Cost Per Student: $160 Cost Per Adult: _____

Number of Attending Students: 7 Number of Attending Adults: 1

Departure Time: 4:00 pm Return Time: 8:00 pm

Is this an overnight trip? ☑ Yes ☐ No *overnight trips require board approval

Funding Source: Tennis Team Funds *for trips requiring board approval

Is a school nurse required to attend? ☐ Yes ☑ No

Transportation: ☐ Walk ☑ Cars ☐ Bus ☐ SPED Bus Number of Buses _____

Bus Service Provider: _____

Trip Justification: TMSAA State Tennis Tournament

Trip Coordinator's Signature: _____

Principal's Signature: Michael E. Kelley

Director of Schools Signature: [signature] Date: 9/23/25

School Board Approval, as applicable: [signature] Date: 9/23/25

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: _____

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MRIS Grade/Course/Team/Organization: MRIS Rangers

Coordinating Teacher(s): Sarah Shuler, Keith Lambert, Whitney Tipton, Chip Woods, Nate Hone, Rachel Mayse

Trip Date: 5/5/26-5/8/26 Destination: Charleston, SC & Savannah, GA

Cost Per Student: $745 Cost Per Adult: $0

Number of Attending Students: 48 Number of Attending Adults: 8

Departure Time: 6:15 AM Return Time: 3:45 PM

Is this an overnight trip? ☑ Yes ☐ No *overnight trips require board approval

Funding Source: Students/Families *for trips requiring board approval

Is a school nurse required to attend? ☑ Yes ☐ No

Transportation: ☐ Walk ☐ Cars ☑ Bus ☐ SPED Bus Number of Buses 1

Bus Service Provider: Premier Transportation (Knoxville)

Trip Justification: MRIS Ranger Trip

Trip Coordinator's Signature: [signature]

Principal's Signature: D. Kevin Myers

Director of Schools Signature: [signature] Date: 9/25/25

School Board Approval, as applicable: _____ Date: _____

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: _____

MARYVILLE CITY SCHOOLS

Mike Winstead
Director of Schools

520 S Washington Street
Maryville, Tennessee 37804

September 29, 2025
Maryville City School Board
Executive Committee Meeting

Approve naming the street from Cunningham Street to the Don Story Building George Quarles Way.

APPROVED:

Director of Schools _____ Date 09/29/2025

Chair, Board of Education _____ Date 09/29/2025

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

FIELD TRIP REQUEST FORM
Maryville City Schools

School: CGIS Grade/Course/Team/Organization: Leadership Team
Coordinating Teacher(s): Barbara Taylor, John Riddle, Justin Warner, Kristin Gregory
Trip Date: 4-28 → 5-1, 2026 Destination: Charleston, SC
Cost Per Student: 770.00 Cost Per Adult: 0
Number of Attending Students: 48 Number of Attending Adults: 8
Departure Time: 6:30am Return Time: 7:00pm
Is this an overnight trip? [X] Yes [ ] No *overnight trips require board approval
Funding Source: Self pay *for trips requiring board approval
Is a school nurse required to attend? [ ] Yes [ ] No
Transportation: [ ] Walk [ ] Cars [X] Bus [ ] SPED Bus Number of Buses 01
Bus Service Provider: Premier
Trip Justification: Visit sites/events to reinforce the importance of sacrifice & leadership in our nation's history.
Trip Coordinator's Signature: Barbara Taylor
Principal's Signature: [signature]
Director of Schools Signature: [signature] Date: 9/30/25
School Board Approval, as applicable: _____ Date: _____

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: _____

TN Department of Education

2025 Local Education Agency Compliance Report

Local education agencies (LEAs) are required to comply with all federal and state education laws and State Board of Education (SBE) rules. This annual compliance report is one mechanism the department uses to ensure education laws and rules are faithfully executed. The commissioner of education is charged with taking corrective action when an LEA is noncompliant with those laws and rules or is not following a department-approved compliance plan.

Each LEA must submit this report and, if applicable, the corresponding corrective action plan, to the department by **November 28, 2025**. During completion, an LEA should carefully check the status of its compliance with all federal and state education laws and SBE rules. The department monitors and verifies LEA compliance via multiple data sources (e.g., Education Information System, internal program managers) and will consider those sources in making a final determination of an LEA's compliance. Please be advised annual compliance report data may inform an LEA's approval classification.

◉ I certify that the LEA is in compliance with all federal and state education laws and SBE rules.

○ I certify that, with the exception of areas indicated in the **attached corrective action plan**, the LEA is in compliance with all federal and state education laws and SBE rules.

LEA Name: Maryville City Schools

Director of Schools/Superintendent Name: Mike Winstead

Director of Schools/Superintendent Signature: Mike Winstead Digitally signed by Mike Winstead Date: 2025.10.03 14:20:34 -04'00'

School Board Chair Name: Julie Elder

School Board Chair Signature:

Date of School Board Approval: 10/20/0205

UPLOAD COMPLETED REPORT TO ePlan BY NOVEMBER 28, 2025
(including the corresponding corrective action plan if applicable).
Upload instructions are accessible here.

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MHS Grade/Course/Team/Organization: 10-12th - Model United Nations
Coordinating Teacher(s): Alex Oldham
Trip Date: 11/14 - 11/16 Destination: Chattanooga
Cost Per Student: $250 Cost Per Adult: _____
Number of Attending Students: 40 Number of Attending Adults: 1
Departure Time: 6 AM Return Time: 4PM
Is this an overnight trip? [X] Yes [ ] No *overnight trips require board approval
Funding Source: Model UN - fees *for trips requiring board approval
Is a school nurse required to attend? [ ] Yes [X] No
Transportation: [ ] Walk [ ] Cars [X] Bus [ ] SPED Bus Number of Buses _____
Bus Service Provider: Rocky Top Buses
Trip Justification: Annual Model UN conference
Trip Coordinator's Signature: [signature]
Principal's Signature: [signature]
Director of Schools Signature: Mike Winstead Date: 10-15-25
School Board Approval, as applicable: _____ Date: _____

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