

**BARTLETT CITY BOARD OF EDUCATION  
BARTLETT CITY SCHOOLS BUSINESS MEETING  
BUSINESS MEETING AGENDA BARTLETT CITY HALL - COUNCIL CHAMBERS  
6400 STAGE ROAD, BARTLETT  
PO Box 341148  
Bartlett, TN 38134**

**July 23, 2015**

**7:00 PM**

**INVOCATION**

**PLEDGE OF ALLEGIANCE**

**CALL TO ORDER & ROLL CALL**

**Official Business of the Day**

**SPECIAL PRESENTATIONS**

**PUBLIC COMMENT**

**APPROVAL OF AGENDA**

**APPROVAL OF MINUTES OF PREVIOUS MEETINGS**

**June 25, 2015 Board Business Meeting Minutes**

**REPORTS**

**Chairman's Report**

**Superintendent's Report**

**General Counsel's Report**

**Tennessee Legislative Network (TLN) Representative Report**

**Financial Report**

**UNFINISHED BOARD BUSINESS**

**Policy 5028: Vacations and Holidays - REVISED SECOND READING**

The Second Reading of Policy 5028: Vacations and Holidays as Revised passed with a motion by Mr. David Cook and a second by Ms. Erin Berry.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

**BOARD ACTION ITEMS**

**Consent Agenda**

The Consent Agenda passed with a motion by Mr. David Cook and a second by Ms. Erin Berry.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

### **Advanced Placement Course Offerings 2015-2016 Bartlett High School**

#### **Contract for Audiological Services**

#### **Apple Lease**

#### **POLICY 6031: Alternative School Programs - REVISED/First Reading**

#### **Memorandum of Understanding between the TN Department of Education and BCS for Coordinated School Health Project**

#### **Voluntary Pre-K Application 2015-2016 to Shelby County Education Foundation (SCEF)**

#### **Resolution 3-1 Amend General Fund Budget and Establish Education Capital Projects Fund**

#### **Resolution 3-2 Establish Occupational Safety and Health Program (TOSHA) Plan**

#### **New Board Business**

#### **Memorandum of Understanding (MOU) Apple**

The Memorandum of Understanding (MOU) Apple passed with a motion by Ms. Erin Berry and a second by Mr. David Cook.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

#### **Memorandum of Understanding (MOU) Title I**

Memorandum of Understanding (MOU) Title I passed with a motion by Mr. David Cook and a second by Mr. Jeff Norris.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

#### **Memorandum of Agreement (MOA) Dental Program with Shelby County Health Department**

The Memorandum of Agreement (MOA) Dental Program with Shelby County Health Department passed with a motion by Ms. Erin Berry and a second by Mrs. Shirley Jackson.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

#### **Business Association Agreement (BAA) Dental Program with Shelby County Health Department**

The Business Association Agreement (BAA) Dental Program with Shelby County Health Department passed with a motion by Mr. David Cook and a second by Ms. Erin Berry.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

### **School Nutrition Program Compliance**

The School Nutrition Program Compliance (First and Second Documents) passed with a motion by Mrs. Shirley Jackson and a second by Ms. Erin Berry.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

### **Student Insurance Program Policy**

The Student Insurance Program Policy #3024 as approved on one reading passed with a motion by Mr. Jeff Norris and a second by Mr. David Cook.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

### **Nomination of two Board Members to serve as Trustees on the BCS Sick Leave Bank Committee of Trustees.**

The Nomination of two Board Members, Mrs. Shirley Jackson and Ms. Erin Berry as Trustees on the BCS Sick Leave Bank Committee of Trustees passed with a motion by Mr. Jeff Norris and a second by Ms. Erin Berry.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

### **2015-2016 Board Member Meeting Schedule Revised**

The 2015-2016 Board Member Meeting Schedule as Revised passed with a motion by Mr. Jeff Norris and a second by Mrs. Shirley Jackson.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

### **POLICY 1019: Tobacco-Free Schools REVISED/First Reading**

Recommendation that Paragraph 4 of POLICY 1019: Tobacco-Free Schools REVISED/First Reading be amended as follows: Any student who possesses tobacco or tobacco products, including smokeless tobacco, electronic cigarettes, and personal vaporizers, shall be issued a citation by the school principal or resource officer passed with a motion by Mr. Jeff Norris and a second by Mr. David Cook.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

Recommendation that Paragraph 3 of POLICY 1019: Tobacco-Free Schools REVISED/First Reading be amended as follows: District employees and students enrolled in Bartlett City Schools will not be permitted to use tobacco or tobacco products, including smokeless tobacco, electronic cigarettes, and personal

vaporizers, while they are participants in any class or activity in which they represent the District. passed with a motion by Mr. David Cook and a second by Mr. Jeff Norris.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

The First Reading of POLICY 1019: Tobacco-Free Schools REVISED as amended passed with a motion by Mr. David Cook and a second by Ms. Erin Berry.

Ms. Erin Berry: Aye, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Jeff Norris: Aye, Bryan Woodruff: Absent

## **ADJOURNMENT**

**BARTLETT CITY BOARD OF EDUCATION  
BUSINESS MEETING MINUTES**

Thursday, June 25, 2015

Bartlett City Hall-Council Chambers  
6400 Stage Road, Bartlett  
7:00 PM

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Joey Mitchell, Supervisor of Instructional Technology, said a prayer and led the Pledge of Allegiance.

**CALL TO ORDER & ROLL CALL**

**\*\*\* Official Business of the Day \*\*\***

Chairman Jeff Norris called the meeting to order at 7:00 p.m. The following Board Members were present:

Ms. Erin Berry  
Mrs. Shirley Jackson  
Mr. Jeff Norris  
Mr. Bryan Woodruff

Absent Board Member:  
Mr. David Cook

**SPECIAL PRESENTATIONS**

John Simi, Supervisor of Instructional Technology, is retiring at the end of June 2015. He was recognized for his exemplary service to Bartlett City Schools.

**PUBLIC COMMENT**

No comment.

**APPROVAL OF AGENDA**

Mr. Jeff Norris made the motion to add Resolution 2-8 General Fund Budget Amendment as #3 under New Board Business. Mr. Bryan Woodruff seconded the motion. All Board Members present responded aye and the agenda was amended. Mr. Jeff Norris made the motion to approve the agenda as amended. Ms. Erin Berry seconded the motion. All Board Members present responded aye and the agenda was approved.

**BOARD ACTION ITEMS**

**Superintendent Contract Extension**

**Motion Passed:** Superintendent Contract Extension passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

## **APPROVAL OF MINUTES OF PREVIOUS MEETINGS**

**May 28, 2015 Board Business Meeting Minutes**

**June 2, 2015 Special Called Meeting Minutes**

Ms. Erin Berry made the motion to approve the May 28, 2015 Board Business Meeting Minutes and the June 2, 2015 Special Called Meeting Minutes. Mr. Bryan Woodruff seconded the motion. All Board Members present responded aye and the minutes were approved.

## **REPORTS**

### **Chairman's Report**

Chairman Norris reported that the Board received a letter from BCS General Counsel and Chief Financial Officer certifying that we will have funds in excess of \$10,000 which fulfills Addendum A of the Superintendent Stephen's Contract.

Please note the handout that contains information on the upcoming TSBA Fall District Meeting and the TSBA Annual Convention.

### **Superintendent's Report**

Superintendent Stephens updated the Board that the municipal health trust will be opening two clinics with one in Collierville and one in Bartlett this October. The clinics will be for all employees who receive health insurance from the district. The clinics will be staffed with a primary care physician and a nurse practitioner on an alternating basis.

We have hired approximately 38 teachers for the school year and only have a few openings at this time.

I will go to the Shelby County Commission in July to seek approval to adjust CIP funds for the Rivercrest roof project. We were allocated \$990,000 and the actual cost will be \$621,740 for the roof. We are requesting to use the balance for HBAC upgrades at Rivercrest.

We are working with TCAT Tennessee College of Applied Technology to offer dual enrollment in advanced manufacturing working with the local medical manufacturing council. The governor will be at the Memphis TCAT Monday and I have been invited to attend this event.

The state has released statewide achievement data. Once district and school data is released we will be presenting these results to the Board.

### **General Counsel's Report**

No report.

### **Tennessee Legislative Network (TLN) Representative Report**

No report.

### **Financial Report**

The May 2014-2015 Monthly Financial Report was accepted by the Board. It is not a voting item.

## **UNFINISHED BOARD BUSINESS**

### **POLICY 2002: Annual Operating Budget REVISED**

**Motion Passed:** The Second Reading of POLICY 2002: Annual Operating Budget REVISED passed with a motion by Mr. Bryan Woodruff and a second by Mrs. Shirley Jackson.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

### **POLICY 2005: Accounting System REVISED**

**Motion Passed:** The Second Reading of POLICY 2005: Accounting System REVISED passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

### **POLICY 2010: Gifts and Bequests NEW**

**Motion Passed:** The Second Reading of POLICY 2010: Gifts and Bequests NEW passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

### **POLICY 2013: Inventories NEW**

**Motion Passed:** The Second Reading of NEW POLICY 2013: Inventories NEW passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

### **POLICY 2016: Bids and Quotations REVISED**

**Motion Passed:** The Second Reading of POLICY 2016: Bids and Quotations REVISED passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**POLICY 2021: Expenses and Reimbursements REVISED**

**Motion Passed:** The Second Reading of POLICY 2021: Expenses and Reimbursements REVISED passed with a motion by Mr. Bryan Woodruff and a second by Mrs. Shirley Jackson.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**POLICY 2023: Salary Deductions - REVISED**

**Motion Passed:** The Second Reading of POLICY 2023: Salary Deductions - REVISED passed with a motion by Mr. Bryan Woodruff and a second by Mrs. Shirley Jackson.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**BOARD ACTION ITEMS**

**Consent Agenda**

- 1. 2015-2016 IDEA Application for funding**
- 2. 2015-2016 ESEA Application for Funding**
- 3. BCS Differentiated Pay Plan for 2015-2016**
- 4. Contract for Special Education Services - Brunswick Day School**
- 5. Contract for Special Education Services Memphis Oral School for the Deaf**
- 6. Contract for Special Education Services King's Daughters and Sons**
- 7. Renaissance Group, Inc. Facilities Assessment- Altruria Elementary**
- 8. Renaissance Group, Inc. Facilities Assessment- Ellendale Elementary**

**Motion Passed:** The Consent Agenda passed with a motion by Mr. Jeff Norris and a second by Mr. Bryan Woodruff.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**New Board Business**

**BCS Resolution 2-6 Amend the 2014-2015 General Fund Budget**

**Motion Passed:** The BCS Resolution 2-6 Amend the 2014-2015 General Fund Budget passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**BCS Resolution 2-7 Amend the 2014-2015 Special Revenue Fund Budget**

**Motion Passed:** The BCS Resolution 2-7 Amend the 2014-2015 Special Revenue Fund Budget passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**Resolution 2-8 General Fund Budget Amendment**

**Motion Passed:** The Resolution 2-8 General Fund Budget Amendment passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**Policy 5028: Vacations and Holidays - REVISED**

**Motion Passed:** The First Reading of Policy 5028: Vacations and Holidays - REVISED passed with a motion by Mr. Bryan Woodruff and a second by Ms. Erin Berry.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**BCS General Counsel Contract Extension**

**Motion Passed:** The BCS General Counsel Contract Extension passed with a motion by Mr. Bryan Woodruff and a second by Mrs. Shirley Jackson.

Ms. Erin Berry	Yes
Mr. David Cook	Absent
Mrs. Shirley Jackson	Yes
Mr. Jeff Norris	Yes
Mr. Bryan Woodruff	Yes

**ADJOURNMENT**

Meeting adjourned at 7:30 p.m.

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Jeff Norris  
Chairman

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David A. Stephens  
Superintendent

## POLICY 5028: Vacations and Holidays

Vacations and Holidays will be granted to regular, full time employees subject to the following provisions:

### A. General Provisions

1. Temporary and part-time employees are not eligible for vacation.
2. Vacation leave will ~~be credited to~~begin to accrue once new employees ~~once the employee has completed~~ six (6) months of continuous service. ~~Eligible employees will begin accruing vacation upon the seventh (7) month of employment.~~
- ~~3. An employee that worked full-time in a Shelby County School/Central Office during the 2013-2014 school year and now works full-time for Bartlett City Schools is not considered a new employee.~~
- ~~4.3.~~4.3. An employee who resigns or terminates from Bartlett City Schools shall be paid for any unused earned vacation leave, provided the employee has completed six (6) months of service. ~~Any days advanced are not considered earned and shall not be paid out.~~
- ~~5.4.~~5.4. Full-time classified employees will receive one (1) day per year to be used for personal business in addition to earned sick leave. There are no provisions for this day to carry over the next fiscal year.
5. Full-time certified employees will receive two (2) days per year in addition to earned sick leave to be used for personal business. Two (2) unused days may be converted to sick.
6. All full-time employees who have reached the last step on the BCS salary schedule will receive one (1) additional day per year to be used for personal business in addition to the personal day(s) earned under Paragraphs 4 and 5. There are no provisions for this day to convert to sick or carry over the next fiscal year.

### B. Twelve (12) Month Employees

1. Any full-time twelve (12) month employee who is employed by Bartlett City Schools will be granted vacation based on the following schedule:

<b>Length of Service Vacation Accrued</b>	<b>Semi-Monthly Basis</b>
Six (6) months and one day, but less than one (1) year .....	.42
One (1) year, but less than five (5) years .....	.42
<i>(Maximum of 10 days per year)</i>	
Five (5) years, but less than ten (10) years .....	.50
<i>(Maximum of 12 days per year)</i>	
Ten (10) years, but less than fifteen (15) years .....	.63
<i>(Maximum of 15 days per year)</i>	
Fifteen years or more .....	.84
<i>(Maximum of 20 days per year)</i>	

~~2. For the 2014-2015 school year, employees who were hired from SCS and were paid out their earned vacation shall have vacation days advanced as of July 1 based on the schedule below:~~

~~Less than 1 year — 6 days  
1 year, but less than 5 years — 10 days  
5 years, but less than 10 years — 12 days  
10 years, but less than 15 years — 15 days  
15 years or more — 20 days~~

3. Vacation is accrued semi-monthly, and the accumulated amount of vacation appears on the employee's paychecks. All eligible employees may accrue up to a maximum of twenty-five (25) vacation days.
4. Vacation leave is accrued while an employee is in paid status, but does not accrue while an employee is in an unpaid status.
5. Holidays are not paid to employees who are in an unpaid status.
6. Designated Bartlett City Schools holidays that fall within the vacation schedule are not to be counted as vacation days. Full time, twelve-month employees will be paid for thirteen (13) paid holidays that will be determined annually and reflected on the payroll calendar and paid during the corresponding payroll period.
7. Vacation schedules that shall be approved by the employee's immediate supervisor should be planned in such a way that the operational procedures are not interrupted.

C. Full time classified employees working less than twelve (12) months

1. Schedule – Ten (10) paid holidays will be determined annually and reflected on the payroll calendar and paid during the corresponding payroll period. Ten (10) vacation days are built into the employee's work calendar, so as to reduce number of unpaid days throughout the school year. These days are not paid out if the employee resigns and are not for the employee's use.
2. The employee must work the day before and after a paid holiday in order to be paid for the holiday ~~or~~
3. The employee uses such paid leave time as he/she is entitled to based upon employment status to cover the day before and after a paid holiday.

D. Full time certified employees working less than twelve (12) months

1. Employees shall earn 1 vacation day for every 20 days worked and those days are distributed throughout the employee's work calendar. These days are not paid out if the employee resigns and are not for the employee's use.

**2015-2016 Bartlett High School  
Advanced Placement Course Offerings**

1. AP Language and Composition
2. AP Literature
3. AP Calculus AB
4. AP Biology
5. AP Environmental Science
6. AP Chemistry
7. AP Physics II
8. AP United States History
9. AP United States Government & Politics
10. AP European History
11. AP Human Geography
12. AP Macroeconomics
13. AP Psychology
14. AP Spanish Language & Culture
15. AP Studio Art – 2D Drawing
16. AP Music Theory

## **POLICY 6031: Alternative School Programs**

The Board shall operate an alternative school program for students in grades ~~kindergarten~~<sup>six</sup> through twelve (~~K~~<sup>6</sup>-12) who have been suspended or expelled from regular school programs.<sup>1</sup> ~~Assignment to~~<sup>attendance in</sup> alternative school programs shall be contingent upon space availability, and if a student is assigned, his/her attendance in the alternative school program shall be mandatory. ~~s~~ Students found to be eligible for special education and related services shall be assigned and served in accordance with the law and rules governing special education.

SStudents attending the alternative school program shall provide their own transportation.

Alternative school programs shall be operated in accordance with state laws and the rules of the State Board of Education,<sup>2</sup> and instruction shall proceed as nearly as practicable in accordance with the instructional programs at the student's home school. All course work completed and credits earned in the alternative school shall be granted as if the work were performed in the home school.

The Superintendent is authorized to develop appropriate procedures to implement this policy and to ensure compliance with relevant state laws and regulations.

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<sup>1</sup> T.C.A. §49-6-3402(a)

<sup>2</sup> TRR/MS 0520-1-2-.09

**TENNESSEE SCHOOL NUTRITION STANDARDS ACT  
CERTIFICATION OF COMPLIANCE  
2015 / 2016**

**BARTLETT CITY SCHOOLS**

**TCA 49-6-2303 Establishment of nutritional breakfast and lunch programs.**

(A) Unless a waiver is granted pursuant to 49-6-2303(10) and only to the extent federal funds are available for free or reduced price meals:

(1) Each school board shall establish a school lunch program in every school under its jurisdiction in accordance with rules and regulations established under 49-6-2303; and

(2) Each school board shall establish a school breakfast program in the following schools based on the cumulative analysis of school lunch participation for the month of April of the preceding year:

(a) Every school which contains kindergarten (K) through grade eight (8) in which twenty-five percent (25%) or more of the students participated in the school lunch program at a free or reduced price; and

(b) In every school which does not contain a kindergarten (K) through grade eight (8) in which 40 percent (40%) or more of the students participated in the school lunch program at a free or reduced price.

(B) Each local education agency operating a school breakfast program pursuant to this part shall be reimbursed by the state for any additional expenses to that local education agency which are incurred as a result of implementation of this part

(C) The school breakfast program shall automatically terminate if federal funding for such program ceases.

I/we certify to the Tennessee Commissioner of Education that the School Nutrition Program was implemented according to the Plan for Compliance to the Tennessee School Nutrition Standards Act.

\_\_\_\_\_  
David Stephens, Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jeff Norris, School Board Chairperson

\_\_\_\_\_  
Date

Tennessee School Nutrition Program Local  
Agriculture Products Compliance Plan  
School Year 2015-16

Name of Local Education Agency Bartlett City Schools  
TCA49-6-2303-6 (A) (B) Local Agriculture Products

I/we certify to the Tennessee Commissioner of Education that the School Nutrition Program was implemented according to this plan for compliance and that we will make efforts to:

Make available to our school nutrition program local agriculture products, freshness and transportation cost to be considered.

Allow flexible bidding process to assist farmers to bid competitively on portions of a given bid, rather than the entire bid.

Require that all food provided for public school use meet or exceed food safety standards for commercial food operations.

In the event that current contracts for produce preclude the flexible bidding process, future bid will be structured to include flexible bidding procedures.

Each local school board shall submit this plan for compliance sixty (60) days prior to the beginning of the school year. In subsequent school year, each local school board shall submit modifications to this plan sixty (60) days prior to the beginning of the school year.

\_\_\_\_\_  
Director of Schools

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Board Chairperson

\_\_\_\_\_  
Date

Submit to:  
Sarah White, Director School Nutrition Programs  
Tennessee Department of Education  
Division of Resources & Support Services  
Office of LEA Support services  
School Nutrition Program  
1240 Foster Avenue  
Nashville, TN 37243



1712 Magnavox Way P.O. Box 2338  
 Fort Wayne, Indiana 46801  
 ph (855) 742-3135  
 www.studentinsurance-kk.com  
 email: info@studentinsurance-kk.com  
 CA License #0334819

# STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

## A. General Information

Name of School/District: \_\_\_\_\_  
 School Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

## B. Voluntary Plans

Estimated annual school enrollment (*total number of students*): \_\_\_\_\_  
 Grades (*mark one*):  PK-12  Elementary School  Middle School  High School  
 Effective Date: \_\_\_\_\_ Date of first day of class for following school year: \_\_\_\_\_

## C. Mandatory Plans (*Coverage selected by school/district*)

	<b>Product Option</b>	<b>Grades</b>	<b>Total # of Insured</b>	<b>Rate</b>	<b>Premium</b>
At-School Including Athletics & Activities					
At-School Excluding Athletics & Activities					
Athletics & Activities					
Field Trip					
School Band					
ROTC					
Other ( <i>Please Specify</i> )					
Other ( <i>Please Specify</i> )					
Other ( <i>Please Specify</i> )					

## D. Notes

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Signature of Official Authorized to Contract for School/District \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Agent Printed Name \_\_\_\_\_ Agent Number \_\_\_\_\_

# 2015-2016 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

**Remember to visit our website for faster enrollment: [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)  
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.**

**ACCIDENT ONLY COVERAGE:** The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

**SCHEDULE OF BENEFITS:** *Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
<b>Inpatient</b>		
Room & Board:	Up to \$150 per day/ Semi-private room rate	80% of Reasonable Charges/ Semi-private room rate
Hospital Miscellaneous:	\$600 maximum per day	\$1,200 maximum per day
Registered Nurse:	75% of Reasonable Charges	100% of Reasonable Charges
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
<b>Outpatient</b>		
Day Surgery Miscellaneous:	\$1,000 maximum	\$1,200 maximum
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	\$40 first day/ \$25 each subsequent day	\$60 first day/ \$40 each subsequent day
Outpatient Physical Therapy: <i>(Benefits are limited to one visit per day)</i>	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$60 first day/\$40 each subsequent day/ 5 days maximum
Emergency Room Services: <i>(Treatment must be rendered within 72 hours from the time of the injury)</i>	\$150 maximum	\$300 maximum
X-Rays:	\$200 maximum	\$600 maximum
Diagnostic Imaging Services:	\$300 maximum	\$600 maximum
Laboratory:	\$50 maximum	\$300 maximum
Prescription Drugs:	\$75 maximum	\$200 maximum
Injections:	No Benefits	No Benefits
Orthopedic Braces & Appliances:	\$75 maximum	\$140 maximum
<b>Inpatient and/or Outpatient</b>		
Surgery Fees: <i>(Limited to primary procedure per injury)</i>	\$1,000 maximum	\$1,200 maximum
Anesthetist:	20% of Surgery Allowance	25% of Surgery Allowance
Assistant Surgeon:	20% of Surgery Allowance	25% of Surgery Allowance
Ambulance:	\$300 maximum	\$800 maximum
Consultant:	\$200 maximum	\$400 maximum
Dental Treatment due to Injury to Teeth: <i>(For Injury to sound, natural teeth only)</i>	\$10,000 maximum per policy term	\$10,000 maximum per policy term
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:	100% of Reasonable Charges	100% of Reasonable Charges
Durable Medical Equipment:	No Benefits	No Benefits
Maternity:	No Benefits	No Benefits
Complication of Pregnancy:	No Benefits	No Benefits

**Expenses for the following are not covered:** Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

*This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.*

*Details of these benefits may be found in the Master Policy on file at the School District. **NOTE:** This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.*

## Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

### PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

**Coverage Effective Date:** A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

**Coverage Termination Date:** Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	Low Option	High Option
<b>24-Hour Accident (Students &amp; Employees)</b> Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.	\$105.00	\$154.00
<b>24-Hour Accident (Summer Only Coverage, Students Only)</b> Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	\$36.00	\$48.00
<b>At-School Accident (Students &amp; Employees)</b> During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	\$29.00	\$37.00
<b>High School Football (Full Year)</b> Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.	\$171.00	\$284.00
<b>High School Football (Spring Only Rates)</b> For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	\$74.00	\$120.00
<b>High School Football and At-School Accident (Covers all athletics)</b>	\$200.00	\$321.00
<b>High School Football and 24-Hour Accident (Covers all athletics)</b>	\$276.00	\$438.00

## Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year.  
All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year
7. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

1731(AOS\_MB\_ENG\_03/15)

## Enroll online at:

**[www.StudentInsurance-kk.com](http://www.StudentInsurance-kk.com)**

### or by mail using attached enrollment form.

1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Mail completed enrollment form with payment back to:  
**K&K Insurance Group,  
P.O. Box 2338  
Fort Wayne, IN 46801-2338**
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

## Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

## Administered by:

K&K Insurance Group, P.O. Box 2338,  
Fort Wayne, IN 46801-2338

 Cut out card and retain for your records

### STUDENT INSURANCE CARD

Student's Name \_\_\_\_\_

*If premium has been paid, the student whose name appears above has been insured under a Policy issued to:*

School District: \_\_\_\_\_

Accident Only Coverage:  24-HOUR  24-HOUR (Summer Only Coverage)

AT-SCHOOL  FOOTBALL  FOOTBALL (Spring Only)

Paid by Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Policy # \_\_\_\_\_

Underwritten by: Nationwide Life Insurance Company  
Claims Questions: K&K Insurance Group, Inc.  
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

## Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. **We will not pay Benefits for:**

1. An Injury or Loss that is:
  - a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
  - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
  - c. caused by participating in a riot or violent disorder;
  - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
  - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
  - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
  - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
  - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

## Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders: **We will not pay Benefits for:**

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
  - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
  - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
6. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
7. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
10. Expenses Incurred for supervision of an anesthetist.
11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.
13. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.

## Accident Only Definitions:

**Injury** A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and

2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

## Accidental Death & Specific Loss Benefits:

The Aggregate Limit is \$500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

Life	\$10,000
Both arms or both legs	\$10,000
Both hands and both feet	\$10,000
One arm and one leg	\$10,000
One hand and one foot	\$10,000
Either both hands or both feet	\$10,000
Speech and hearing in both ears	\$10,000
The sight of both eyes	\$10,000
The sight of one eye and either one hand or one foot	\$10,000
Either one arm or one leg	\$7,500
Either one hand or one foot	\$5,000
Speech or hearing in both ears	\$5,000
Sight of one eye	\$5,000
Hearing in one ear	\$2,500
Both the thumb and index finger of one hand	\$2,500





**BARTLETT CITY BOARD OF EDUCATION  
MEETING SCHEDULE  
2015-2016**

**JULY 2015**

16 Work Session  
23 Business Meeting

**AUGUST 2015**

20 Work Session  
27 Business Meeting

**SEPTEMBER 2015**

17 Work Session  
24 Business Meeting

**OCTOBER 2015**

22 Business Meeting\*

**NOVEMBER 2015**

12 Work Session (If Needed)  
19 Business Meeting\*\*

**DECEMBER 2015**

10 Work Session (If Needed)  
17 Business Meeting\*\*\*

**JANUARY 2016**

21 Work Session  
28 Business Meeting

**FEBRUARY 2016**

18 Work Session  
25 Business Meeting

**MARCH 2016**

17 Business Meeting\*

**APRIL 2016**

21 Work Session  
28 Business Meeting

**MAY 2016**

19 Work Session  
26 Business Meeting

**JUNE 2016**

16 Work Session  
23 Business Meeting

**UNLESS OTHERWISE NOTED, BUSINESS MEETINGS WILL BE HELD THE FOURTH THURSDAY OF THE MONTH AT 7:00 P.M. IN THE BARTLETT CITY HALL, 6400 STAGE ROAD, BARTLETT. WORK SESSIONS WILL BE HELD ONE WEEK PRIOR TO THE BUSINESS MEETING AT 7:00 P.M. IN THE BARTLETT CITY HALL, 6400 STAGE ROAD, BARTLETT.**

\*Work Session Cancelled due to School Break  
\*\*Moved to accommodate Thanksgiving Holiday  
\*\*\*Moved to accommodate Christmas Holiday

**Approved February 26, 2015  
Revised July 23, 2015**

## POLICY 1019: Tobacco-Free Schools

All uses of tobacco and tobacco products, including smokeless tobacco, electronic cigarettes, and personal vaporizers, are prohibited in all of the school district's buildings.<sup>1,2</sup> Smoking shall be prohibited in any public seating areas, including but not limited to, bleachers used for sporting events or public restrooms.<sup>3</sup>

The use of tobacco or tobacco products, including smokeless tobacco, electronic cigarettes, and personal vaporizers, will be prohibited in all vehicles owned, leased, or operated by the Districtsystem.

District employees and students enrolled in Bartlett City Schools ~~the district's schools~~ will not be permitted to use tobacco or tobacco products, including smokeless tobacco, electronic cigarettes, and personal vaporizers, while they are participants in any class or activity in which they represent the ~~school~~ District.

Any student who possesses tobacco or tobacco products, including smokeless tobacco, electronic cigarettes, and personal vaporizers, shall be issued a citation by the school principal or /resource officer.<sup>4</sup> ~~The Superintendent, in cooperation with the juvenile court and the Bartlett Police Department/Shelby County Sheriff's Department, is responsible for developing procedures for issuance of the citations which shall include the form and content of citations and methods of handling completed citations.~~

Parents and students shall be notified of this citation requirement at the beginning of each school year.

Signs will be posted throughout the District's facilities to notify students, employees, and all other persons visiting the school that the use of tobacco and tobacco products is forbidden. The following notice shall be prominently posted (including at each ticket booth) for elementary or secondary school sporting events: *"Smoking is prohibited by law in seating areas and in restrooms."*<sup>5</sup>

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<sup>1</sup> Section 1042 of the Environmental Tobacco Smoke/Pro-Children Act of 1994

<sup>2</sup> T.C.A. §39-17-1604(6)

<sup>3</sup> T.C.A. §39-17-1604(10)

<sup>4</sup> T.C.A. §39-17-1505

<sup>5</sup> T.C.A. §39-17-1605