

**Riceville Community School  
Riceville, IA**

The Board of Education of the Riceville Community School District held their regular board meeting March 18th, 2016, at 7:00 p.m. in the high school library. Board members present: Keeling, Hale, Richardson and Guertin. Absent: Fox. Also in attendance: Dr. Nicholson-Supt, Jennifer Dunn-Board Secretary; Cory Schumann-K-12 Principle; Casandra Leff-Riceville Recorder. Staff: Amanda Conway & Nicole Smith. Parents: Deanna Eastman & Dorene Christensen.

Vice-President Keeling called the meeting to order @ 7:05 PM.

Public Hearing was opened @ 7:06PM to discuss any questions or concerns with the school calendar. Some discussion was held. Motion by Guertin, seconded by Richardson to close the public hearing at 7:11 PM. Ayes 4. MC

Motion by Richardson, second by Hale to approve the agenda. Ayes 4. MC.

Motion by Hale, second by Richardson to approve the minutes of previous meeting, the financial reports, and summary of bills. Ayes 4. MC.

Amanda Conway and Nicole Smith spoke to the group about a possibility of taking 9-12 students to Greece and Italy in 2018 via EF Travels. They noted a meeting with parents and students would be held on March 31<sup>st</sup> @ 7 PM to how much interest there may be in and international field trip.

Mr. Schumann report the weight room equipment is up and running. He also commented on who received Shop on State Grants and wanted to thank them for all their help to the different departs within the RCD. The TLC Grant was discussed. Schumann also congratulated many students on all their achievements they have received in speech, wresting, math counts, and battle of books. Lastly, Schumann noted Omnitel was looking at additional bandwidth for the district, and Buckwheat & Sons was going to do some playground work to help with parts of blacktop breaking off.

Superintendent Nicholson noted the Building and Grounds Committee will be meeting on the 18<sup>th</sup> @5:30. Also, wanted to let board know informal negotiations have been discussed with new wording to Master Contract and working on a new salary schedule.

Hale brought a question to the board asking about the 3<sup>rd</sup> grade proficiency rules in schools.

Motion by Hale, seconded by Richard to approve Volunteer Coaches: Track—Barb Gesell, Roxanne Beathke, Rhonda Fridley, Stef Fair, Bryce Conway, Sherry Marr. Baseball—Stef Fair, Logan Shedenhelm, Kyle Guertin, Tom Anderlik, Casey Anderlik. Softball- Bette Rassmussen. Roll Call Vote: Hale, aye; Richardson, aye; Keeling, aye; Guertin, aye. MC.

Motion by Guertin, seconded by Hale to approve the second reading of board policies 403.6E2; 600-603.4; 605.6E2. 4 Ayes. MC.

Motion by Richardson, seconded by Guertin to approve the first reading of board policies 403.6E1; 603.5-604.1E1. 4 Ayes MC.

Motion by Hale, seconded by Richardson to set public hearing for school budget on April 11th @ 6 PM. 4 Ayes. MC.

Motion by Hale, seconded by Guertin to approve the tag fundraiser. 4 Ayes. MC.

Motion by Guertin, seconded by Richardson to approve open enrollment in from St. Ansgar for Noah Duncomb, and open enrollment out to Nashua Joseph Harris. 4 Ayes. MC.

Motion by Richardson, seconded by Guertin to approve the Clinical Field Experience Agreement with Luther College. 4 Ayes. MC.

Motion by Hale, seconded by Richardson to approve Clinical Field Agreement with Buena Vista University. 4 Ayes. MC.

Motion by Guertin, seconded by Richardson to approve bleacher bids to Kay Park in the amount of \$83,210.85. 4 Ayes. MC.

Next board meeting will be held Monday April 11th at 6:00 p.m. in the High School Library. Building and grounds committee will meet @ 5:30 April 18<sup>th</sup>, followed by a regular board meeting at 7 in the High School Library.

Motion by Richardson, second by Guertin to adjourn the meeting @ 8:07 PM. Ayes 4. MC.

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Karl Fox  
Board President

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Jennifer Dunn  
Board Secretary

**Riceville Community School  
Riceville, IA**

The Board of Education of the Riceville Community School District held a special board meeting April 11th, 2016, at 7:00 p.m. in the High School Library. Board members present: Fox, Hale, and Guertin. Absent: Richardson & Keeling. Also in attendance: Jennifer Dunn-Board Secretary; Cory Schumann-K-12 Principle; Casandra Leff-Monitor Recorder.

President Fox called the meeting to order @ 6:08 PM.

Public Hearing was opened @ 6:08 PM to discuss any questions or concerns with the school budget. Some discussion was held. Motion by Guertin, seconded by Hale to close the public hearing at 6:27 PM. Ayes 3. MC

Motion by Hale, second by Guertin to approve the agenda. Ayes 3. MC.

Motion by Hale, second by Guertin to approve the budget guarantee: RESOLVED, that the board of Directors of Riceville Community School District, will levy property tax for fiscal year 2016-17 for the regular budget adjustment as allowed under section 257.14, Code of Iowa. Ayes 3. MC.

Motion by Hale, seconded by Guertin to approve the school budget as published in the monitor recorder. 3 Ayes. MC.

Motion by Guertin, seconded by Hale to approve the school calendar. 3 Ayes MC.

Motion by Guertin, seconded by Hale to rescind the motion of Kay Park being awarded the bleacher bid at the March meeting due to a mathematical error in the number of jiffy movers in calculation. 3 Ayes. MC.

Motion by Hale, seconded by Guertin to approve Iowa Direct for the new bleachers in the amount of \$83,422.00. 3 Ayes. MC.

Next board meeting will be held Monday April 18th at 7:00 P.M. in the High School Library.  
Building and grounds committee will meet @ 5:30 April 18<sup>th</sup> in the Superintendent's office.

Motion by Hale, second by Guertin to adjourn the meeting @ 6:35 PM. Ayes 3. MC.

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Karl Fox  
Board President

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Jennifer Dunn  
Board Secretary

## Analysis of Cash Balance Including investment CD

3/31/2016

	03/31/16	03/31/15	% change	Notes *
General Fund (10)	1,191,462.51	1,056,694.22	12.8%	
Management Fund (22)	446,355.22	402,268.12	11.0%	
PPEL & LOSST Funds (36 & 33)	1,069,633.26	1,127,970.51	-5.2%	Payment of Heaters & Computer Lease Payment
Activity Fund (21)	47,370.41	66,885.67	-29.2%	Various x Account changes
Hot Lunch Fund (61)	92,234.92	73,826.02	24.9%	Haven't taken out elect, water, garbage, office wages
TOTAL	<u>2,847,056.32</u>	<u>2,727,644.54</u>	<u>4.4%</u>	Appears reasonable

\* = Cash balances will fluctuate with the timing of revenue and expense receipts and payments. Items considered unusual are explained in greater detail under the notes above.

### Inter-fund Loan outstanding

	Receivable	Payable	Explanation
General Fund	0.00		
Management Fund		0.00	

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--APRIL 2016 BATCH 1

Batch Description: Invoices--APRIL 2016 BATCH 1

Processing Month: 04/2016

<b>Vendor ID: 100055</b>	<b>ALLIANT ENERGY</b>	<b>PO Number:</b>	<b>Invoice Number: 1683741000</b>	<b>Amount:</b>	<b>120.87</b>
Description:		Invoice Date: 03/22/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 8270 622	BUS BARN		120.87		N
					In Full
					Final
<b>Vendor ID: 100055</b>	<b>ALLIANT ENERGY</b>	<b>PO Number:</b>	<b>Invoice Number: 7469980000</b>	<b>Amount:</b>	<b>3,466.91</b>
Description:		Invoice Date: 03/22/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 622	HS BLDG		3,466.91		N
					In Full
					Final
<b>Vendor ID: 706926</b>	<b>AMERICAN FLAG POLE &amp; FLAG CO,</b>	<b>PO Number: 91561C</b>	<b>Invoice Number: 125813</b>	<b>Amount:</b>	<b>397.80</b>
Description:		Invoice Date: 04/01/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	FLAGS		397.80		N
					In Full
					Final
<b>Vendor ID: 100743</b>	<b>AMERICAN HEART ASSOCIATION</b>	<b>PO Number:</b>	<b>Invoice Number: 20160410</b>	<b>Amount:</b>	<b>792.00</b>
Description:		Invoice Date: 04/08/2015	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 1100 100 8031 618	JUMP FOR HEART		792.00		N
					In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 134720</b>	<b>Amount:</b>	<b>289.59</b>
Description:		Invoice Date: 03/01/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		289.59		N
					In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 136578</b>	<b>Amount:</b>	<b>255.20</b>
Description:		Invoice Date: 03/04/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		255.20		N
					In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 138258</b>	<b>Amount:</b>	<b>352.82</b>
Description:		Invoice Date: 03/08/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		352.82		N
					In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 140126</b>	<b>Amount:</b>	<b>106.37</b>
Description:		Invoice Date: 03/11/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00

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Unposted; Batch Description Invoices--APRIL 2016 BATCH 1

Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
61 0000 3110 000 0000 631	MILK		106.37		N	Final		
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 141817</b>	<b>Amount:</b>	<b>290.12</b>			
Description:		Invoice Date: 03/15/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
61 0000 3110 000 0000 631	MILK		290.12		N	Final		
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 143698</b>	<b>Amount:</b>	<b>213.78</b>			
Description:		Invoice Date: 03/18/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
61 0000 3110 000 0000 631	MILK		213.78		N	Final		
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 145401</b>	<b>Amount:</b>	<b>235.59</b>			
Description:		Invoice Date: 03/22/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
61 0000 3110 000 0000 631	MILK		235.59		N	Final		
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 147291</b>	<b>Amount:</b>	<b>343.02</b>			
Description:		Invoice Date: 03/25/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
61 0000 3110 000 0000 631	MILK		343.02		N	Final		
<b>Vendor ID: 100445</b>	<b>ANDY'S MINI MART</b>	<b>PO Number:</b>	<b>Invoice Number: 20160407</b>	<b>Amount:</b>	<b>1,831.46</b>			
Description:		Invoice Date: 04/07/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 0000 2700 000 0000 626	253.3 GAL GAS		416.05		N	Final		
10 0000 2700 000 0000 627	851.5 GAL DEISEL		1,415.41		N	Final		
<b>Vendor ID: 105240</b>	<b>BUCKWHEAT &amp; SONS CONSTRUCTION LLC</b>	<b>PO Number:</b>	<b>Invoice Number: 20160407</b>	<b>Amount:</b>	<b>2,750.00</b>			
Description:		Invoice Date: 04/06/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 2,750.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 0000 2600 000 0000 422	SNOW REMOVAL		2,750.00		2,750.00 N	Final		
<b>Vendor ID: 706967</b>	<b>CAM COMMUNITY SCHOOL DISTRICT</b>	<b>PO Number:</b>	<b>Invoice Number: 20160407</b>	<b>Amount:</b>	<b>1,591.50</b>			
Description:		Invoice Date: 03/28/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--APRIL 2016 BATCH 1

10 0000 1100 100 0000 567	OPEN ENROLLMNET	1,591.50	N	Final
<b>Vendor ID: 101109</b>	<b>CHARLES CITY COMM SCHOOL</b>	<b>PO Number:</b>	<b>Invoice Number: 20160407</b>	<b>Amount: 250.00</b>
Description:		Invoice Date: 03/29/2016	Due Date: 04/07/2016	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
21 0000 1400 925 6835 612	SOFTBALL LEAGUE		250.00	N Final
<b>Vendor ID: 100196</b>	<b>CITY OF RICEVILLE</b>	<b>PO Number:</b>	<b>Invoice Number: 11319</b>	<b>Amount: 661.00</b>
Description:		Invoice Date: 03/29/2016	Due Date: 03/29/2016	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 411	WATER		170.50	N Final
10 0000 2600 000 0000 421	GARBAGE		320.00	N Final
10 0000 2600 000 0000 411	SEWER		170.50	N Final
<b>Vendor ID: 100196</b>	<b>CITY OF RICEVILLE</b>	<b>PO Number:</b>	<b>Invoice Number: 11320</b>	<b>Amount: 84.56</b>
Description:		Invoice Date: 03/24/2016	Due Date: 03/29/2016	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 411	WATER		42.28	N Final
10 0000 2600 000 0000 411	SEWER		42.28	N Final
<b>Vendor ID: 100196</b>	<b>CITY OF RICEVILLE</b>	<b>PO Number:</b>	<b>Invoice Number: 11321</b>	<b>Amount: 21.00</b>
Description:		Invoice Date: 03/24/2016	Due Date: 03/29/2016	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 411	SEWER		10.50	N Final
10 0000 2600 000 0000 411	WATER		10.50	N Final
<b>Vendor ID: 100196</b>	<b>CITY OF RICEVILLE</b>	<b>PO Number:</b>	<b>Invoice Number: 11322</b>	<b>Amount: 21.80</b>
Description:		Invoice Date: 03/24/2016	Due Date: 03/29/2016	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 411	WATER		10.90	N Final
10 0000 2600 000 0000 411	SEWER		10.90	N Final
<b>Vendor ID: 104466</b>	<b>CULLIGAN WATER CONDITIONING</b>	<b>PO Number:</b>	<b>Invoice Number: 72689</b>	<b>Amount: 79.80</b>
Description:		Invoice Date: 04/01/2016	Due Date: 04/07/2016	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 680	SALT		79.80	N Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number: 19560C</b>	<b>Invoice Number: 3009765</b>	<b>Amount: 71.85</b>
Description:		Invoice Date: 04/06/2016	Due Date: 04/06/2016	Status: A 1099 Amount: 0.00

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--APRIL 2016 BATCH 1

Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0000 2600 000 0000 680	bowl cleaner		71.85		N	Final	
<b>Vendor ID: 100050</b>	<b>DECKER SPORTING GOODS</b>	<b>PO Number: 19525H</b>	<b>Invoice Number: AAA023349-AA04</b>	<b>Amount:</b>	<b>459.00</b>		
Description:		Invoice Date: 03/31/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 920 6740 612	TRACK SINGLETs		459.00		N	Final	
<b>Vendor ID: 100050</b>	<b>DECKER SPORTING GOODS</b>	<b>PO Number: 19562H</b>	<b>Invoice Number: AAN013328-AJ03</b>	<b>Amount:</b>	<b>243.00</b>		
Description:		Invoice Date: 04/01/2016	Due Date: 04/11/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 925 6835 612	EQUIPMENT BAG & CATCHERS GEAR		243.00		N	Final	
<b>Vendor ID: 100050</b>	<b>DECKER SPORTING GOODS</b>	<b>PO Number: 19549H</b>	<b>Invoice Number: AAN013406-AB01</b>	<b>Amount:</b>	<b>6.00</b>		
Description: System Generated Purchase Order		Invoice Date: 04/06/2016	Due Date: 04/11/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 926 6730 612	BASEBALL EQUIPMENT		6.00		N	Final	
<b>Vendor ID: 100050</b>	<b>DECKER SPORTING GOODS</b>	<b>PO Number: 19549H</b>	<b>Invoice Number: AAT014624-AJ03</b>	<b>Amount:</b>	<b>457.80</b>		
Description:		Invoice Date: 04/06/2016	Due Date: 04/11/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 926 6730 612	BASEBALL EQUIPMENT		457.80		N	Final	
<b>Vendor ID: 100050</b>	<b>DECKER SPORTING GOODS</b>	<b>PO Number: 19549H</b>	<b>Invoice Number: AAT014625-AJ02</b>	<b>Amount:</b>	<b>19.95</b>		
Description: System Generated Purchase Order		Invoice Date: 04/06/2016	Due Date: 04/11/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 926 6730 612	BASEBALL EQUIPMENT		19.95		N	Final	
<b>Vendor ID: 104805</b>	<b>DHS</b>	<b>PO Number:</b>	<b>Invoice Number: 10102959</b>	<b>Amount:</b>	<b>(61.27)</b>		
Description:		Invoice Date: 12/31/2015	Due Date: 04/14/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0000 4634 219 4634	REFUND DHS PAYMENT		(61.27)		N	Final	
<b>Vendor ID: 104805</b>	<b>DHS</b>	<b>PO Number:</b>	<b>Invoice Number: 20160408</b>	<b>Amount:</b>	<b>1,123.29</b>		
Description:		Invoice Date: 03/31/2016	Due Date: 04/08/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0000 4634 219 4634	non federal medicaid		1,123.29		N	Final	

**Invoice Listing - Detail**  
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<b>Vendor ID: 706884</b>	<b>EARTHGRAINS BAKING CO, INC</b>	<b>PO Number:</b>	<b>Invoice Number: 52251910001</b>	<b>Amount:</b>	<b>51.55</b>
Description:		Invoice Date: 03/15/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	bread		51.55		N
					In Full
					Final
<b>Vendor ID: 706958</b>	<b>EMS DETERGENT SERVICES</b>	<b>PO Number:</b>	<b>Invoice Number: 20077</b>	<b>Amount:</b>	<b>176.10</b>
Description:		Invoice Date: 04/07/2016	Due Date: 04/08/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 618	de detergent		176.10		N
					In Full
					Final
<b>Vendor ID: 102903</b>	<b>EVANS PRINTING &amp; PUBLISHING</b>	<b>PO Number:</b>	<b>Invoice Number: 20160407</b>	<b>Amount:</b>	<b>98.69</b>
Description:		Invoice Date: 03/31/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2310 000 0000 613	LEGAL PUBLICATIONS		98.69		N
					In Full
					Final
<b>Vendor ID: 100203</b>	<b>FARMERS FEED &amp; GRAIN CO INC</b>	<b>PO Number:</b>	<b>Invoice Number: 4293</b>	<b>Amount:</b>	<b>45.00</b>
Description:		Invoice Date: 03/10/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 673	RELACE BLOWER MOTOE BUS 10		45.00		N
					In Full
					Final
<b>Vendor ID: 100203</b>	<b>FARMERS FEED &amp; GRAIN CO INC</b>	<b>PO Number:</b>	<b>Invoice Number: 4298</b>	<b>Amount:</b>	<b>45.00</b>
Description:		Invoice Date: 03/14/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 434	SERVICE BLUE TAURUS		45.00		N
					In Full
					Final
<b>Vendor ID: 100203</b>	<b>FARMERS FEED &amp; GRAIN CO INC</b>	<b>PO Number:</b>	<b>Invoice Number: 4308</b>	<b>Amount:</b>	<b>80.00</b>
Description:		Invoice Date: 03/16/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 673	MOUNT TIRES BUS 2		80.00		N
					In Full
					Final
<b>Vendor ID: 100203</b>	<b>FARMERS FEED &amp; GRAIN CO INC</b>	<b>PO Number:</b>	<b>Invoice Number: 4315</b>	<b>Amount:</b>	<b>58.25</b>
Description:		Invoice Date: 03/18/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 434	SERVICE RED VAN		58.25	0.00	N
					In Full
					Final
<b>Vendor ID: 100203</b>	<b>FARMERS FEED &amp; GRAIN CO INC</b>	<b>PO Number:</b>	<b>Invoice Number: 4358</b>	<b>Amount:</b>	<b>27.50</b>
Description:		Invoice Date: 03/31/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

**Invoice Listing - Detail**  
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<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 433	MOWER TIRE REPAIR		27.50		N	Final
<b>Vendor ID: 101465 GRP &amp; ASSOCIATES</b>						
Description:		PO Number:	Invoice Number: 178726		Amount:	40.00
Sequence: 1	Check Type:	Invoice Date: 03/21/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2134 000 0000 613	MEDICAL WASTE		40.00		N	Final
<b>Vendor ID: 104917 HOWARD CO SHERIFF'S OFFICE</b>						
Description:		PO Number:	Invoice Number: 20160407		Amount:	1,151.92
Sequence: 1	Check Type:	Invoice Date: 03/31/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 0000 810	LAW ENFORCEMENT CONTRACT		1,151.92		N	Final
<b>Vendor ID: 100284 HOWARD WINNESHIEK COM SCHOOL</b>						
Description:		PO Number:	Invoice Number: 20160329		Amount:	12,732.00
Sequence: 1	Check Type:	Invoice Date: 03/29/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 0000 567	OPEN ENROLLMENT		12,732.00		N	Final
<b>Vendor ID: 100284 HOWARD WINNESHIEK COM SCHOOL</b>						
Description:		PO Number:	Invoice Number: 20160414		Amount:	70.00
Sequence: 1	Check Type:	Invoice Date: 04/13/2016	Due Date: 04/14/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6740 612	TRACK ENTRY FEE		70.00		N	Final
<b>Vendor ID: 100291 IHSSA</b>						
Description:		PO Number: 19572H	Invoice Number: 20160329		Amount:	107.00
Sequence: 1	Check Type:	Invoice Date: 03/15/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 910 6120 612	SPEECH AWARDS		107.00		N	Final
<b>Vendor ID: 100291 IHSSA</b>						
Description:		PO Number: 19556H	Invoice Number: 20160329-0001		Amount:	11.00
Sequence: 1	Check Type:	Invoice Date: 03/16/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 910 6120 612	ALL SPEECH REGISTRATION		11.00		N	Final
<b>Vendor ID: 102635 IOWA COMMUNICATIONS NETWORK</b>						
Description:		PO Number:	Invoice Number: 472219		Amount:	209.75
Sequence: 1	Check Type:	Invoice Date: 04/04/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0099 2237 100 0000 320	ICN		209.75		N	Final

Vendor ID: 100164 IOWA TESTING PROGRAMS

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 1000 1100 100 0000 325 IOWA ASSESSMENTS

10 2000 1100 100 0000 325 IOWA ASSESSMENTS

10 3200 1100 100 0000 325 IOWA ASSESSMENTS

PO Number:

Invoice Number: 16-5516

Amount: 1,170.48

Invoice Date: 04/07/2016 Due Date: 04/11/2016 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

390.16 N Final

390.16 N Final

390.16 N Final

Vendor ID: 707035 JANESVILLE COMMUNITY SCHOOL

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

21 0000 1400 920 6840 612 TRACK ENTRY FEE

21 0000 1400 920 6740 612 TRACK ENTRY FEE

PO Number:

Invoice Number: 20160414

Amount: 60.00

Invoice Date: 04/13/2016 Due Date: 04/14/2016 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

30.00 N Final

30.00 N Final

Vendor ID: 102767 JESUP GYM EQUIPMENT, INC.

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

21 0000 1400 920 0000 612 kettleballs

PO Number: 19558H

Invoice Number: 0010046

Amount: 620.00

Invoice Date: 03/22/2016 Due Date: 03/29/2016 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

620.00 N Final

Vendor ID: 706875 JOHNSON HARDWARE CO

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2600 000 0000 680 KEYS FOR WRESTLING ROOM

PO Number: 19557C

Invoice Number: 0816327-IN

Amount: 55.00

Invoice Date: 03/22/2016 Due Date: 03/29/2016 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

55.00 N Final

Vendor ID: 100221 KEYSTONE AEA 1

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 1000 1100 100 0000 612 VAST KITS

PO Number:

Invoice Number: INV-008967

Amount: 508.92

Invoice Date: 03/15/2016 Due Date: 04/10/2016 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

508.92 N Final

Vendor ID: 100221 KEYSTONE AEA 1

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 1000 1100 100 0000 612 VAST KITS

PO Number:

Invoice Number: INV-008968

Amount: 180.36

Invoice Date: 03/15/2016 Due Date: 04/10/2016 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

180.36 N Final

Vendor ID: 105414 LYNCH DALLAS, PC

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2310 000 0000 342 LEAGAL SERVICES

PO Number:

Invoice Number: 132865

Amount: 165.00

Invoice Date: 03/31/2016 Due Date: 04/11/2016 Status: A 1099 Amount: 165.00

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

165.00 165.00 N Final

**Invoice Listing - Detail**  
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<b>Vendor ID: 100007</b>		<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 6087692</b>	<b>Amount:</b>	<b>1,228.96</b>
Description:			Invoice Date: 03/03/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 618	FOOD SERVICE SUPPLIES			46.72		N
61 0000 3110 000 0000 631	FOOD			1,182.24		N
						In Full
						Final
						Final
<b>Vendor ID: 100007</b>		<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 6097703</b>	<b>Amount:</b>	<b>1,262.75</b>
Description:			Invoice Date: 03/10/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 618	FOOD SERVICE SUPPLIES			40.41		N
61 0000 3110 000 0000 631	FOOD			1,222.34		N
						In Full
						Final
						Final
<b>Vendor ID: 100007</b>		<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 6107115</b>	<b>Amount:</b>	<b>748.37</b>
Description:			Invoice Date: 03/17/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	FOOD			748.37		N
						In Full
						Final
						Final
<b>Vendor ID: 100007</b>		<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 6107116</b>	<b>Amount:</b>	<b>552.80</b>
Description:			Invoice Date: 03/17/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 950 7960 619	FOOD FOR VENDING MACHINE			552.80		N
						In Full
						Final
						Final
<b>Vendor ID: 100007</b>		<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 6116762</b>	<b>Amount:</b>	<b>1,001.13</b>
Description:			Invoice Date: 03/24/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 618	FOOD SERVICE SUPPLIES			22.53		N
61 0000 3110 000 0000 631	FOOD			978.60		N
						In Full
						Final
						Final
<b>Vendor ID: 100007</b>		<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 6127511</b>	<b>Amount:</b>	<b>952.85</b>
Description:			Invoice Date: 03/31/2016	Due Date: 04/10/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 618	FOOD SERVICE SUPPLIES			31.18		N
61 0000 3110 000 0000 631	FOOD			921.67		N
						In Full
						Final
						Final
<b>Vendor ID: 706745</b>		<b>MASTERCARD</b>	<b>PO Number:</b>	<b>Invoice Number: 20160412</b>	<b>Amount:</b>	<b>670.01</b>
Description:			Invoice Date: 03/31/2016	Due Date: 04/12/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2510 000 0000 580	TEXAS ROADHOUSE--IASBO			15.71		N
						In Full
						Final
						Final

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10 3200 1100 106 0000 612	CONFERENCE MEAL				
	RICEVILLE MARKET-SPANISH CLASS COOKING S	51.90	N		Final
10 3200 1100 106 0000 641	TEACHERS DISCOVERY--TEXTBOOKS	201.77	N		Final
10 0000 2310 000 0000 615	MICROSOFT--LICENSING	132.00	N		Final
21 0000 1400 927 6720 612	MENARDS--FOOTBALL SUPPLIES	240.70	N		Final
21 0000 1400 950 7957 612	NASSAS--NHS CHARMS	27.93	N		Final

**Vendor ID: 102840 MAUER, JESS**

Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
21 0000 1400 950 7996 612 PROM DJ

**PO Number:** **Invoice Number: 20160329** **Amount: 350.00**  
Invoice Date: 03/29/2016 Due Date: 03/29/2016 Status: A 1099 Amount: 350.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
350.00 350.00 N Final

**Vendor ID: 102291 NAPA**

Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
10 0000 2700 000 0000 673 BLOWER MOTOE BUS 8

**PO Number:** **Invoice Number: 194266** **Amount: 50.43**  
Invoice Date: 03/10/2016 Due Date: 04/07/2016 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
50.43 N Final

**Vendor ID: 102291 NAPA**

Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
10 0000 2600 000 0000 680 BATTERIES FOR LIFT

**PO Number:** **Invoice Number: 195089** **Amount: 456.85**  
Invoice Date: 03/30/2016 Due Date: 04/07/2016 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
456.85 N Final

**Vendor ID: 100470 NATIONAL FFA ORGANIZATION**

Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
21 0000 1400 950 7960 612 FFA APPAREL

**PO Number:** **Invoice Number: MDS-47338** **Amount: 29.99**  
Invoice Date: 03/21/2016 Due Date: 03/29/2016 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
29.99 N Final

**Vendor ID: 100470 NATIONAL FFA ORGANIZATION**

Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
21 0000 1400 950 7960 612 FFA APPAREL

**PO Number:** **Invoice Number: MDS-48010** **Amount: 180.00**  
Invoice Date: 03/25/2016 Due Date: 03/29/2016 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
180.00 N Final

**Vendor ID: 100625 NEW HAMPTON COMMUNITY SCHOOL**

Description:  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
21 0000 1400 920 6740 612 TRACK ENTRY FEE  
21 0000 1400 920 6840 612 TRACK ENTRY FEE

**PO Number:** **Invoice Number: 20160414** **Amount: 80.00**  
Invoice Date: 04/13/2016 Due Date: 04/14/2016 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
40.00 N Final  
40.00 N Final

**Invoice Listing - Detail**  
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<b>Vendor ID: 103670</b>	<b>NORTH IOWA CSD</b>	<b>PO Number:</b>	<b>Invoice Number: 20160407</b>	<b>Amount:</b>	<b>65.00</b>
Description:		Invoice Date: 03/28/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6720 612	DISTRICT 2 FOOTBALL DUES		65.00		N
					In Full
					Final
<b>Vendor ID: 100495</b>	<b>NORTHEAST IOWA COMMUNITY COLLEGE</b>	<b>PO Number:</b>	<b>Invoice Number: 13662</b>	<b>Amount:</b>	<b>300.00</b>
Description:		Invoice Date: 03/22/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 810	STOP CLASS		300.00		N
					In Full
					Final
<b>Vendor ID: 100731</b>	<b>NORTHWOOD-KENSETT SCHOOL</b>	<b>PO Number:</b>	<b>Invoice Number: 20160414</b>	<b>Amount:</b>	<b>80.00</b>
Description:		Invoice Date: 04/13/2016	Due Date: 04/14/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6840 612	TRACK ENTRY FEE		80.00		N
					In Full
					Final
<b>Vendor ID: 100051</b>	<b>OMNITEL COMMUNICATIONS</b>	<b>PO Number:</b>	<b>Invoice Number: 20160329</b>	<b>Amount:</b>	<b>1,863.31</b>
Description:		Invoice Date: 03/29/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2320 000 0000 532	TELEPHONE		313.31		N
10 0000 2320 000 0000 538	INTERNET		1,550.00		N
					In Full
					Final
<b>Vendor ID: 100496</b>	<b>OSAGE COMMUNITY SCHOOL</b>	<b>PO Number:</b>	<b>Invoice Number: 20160329</b>	<b>Amount:</b>	<b>17,506.50</b>
Description:		Invoice Date: 03/29/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 1100 100 0000 567	OPEN ENROLLMENT		17,506.50		N
					In Full
					Final
<b>Vendor ID: 100496</b>	<b>OSAGE COMMUNITY SCHOOL</b>	<b>PO Number:</b>	<b>Invoice Number: 20160414</b>	<b>Amount:</b>	<b>80.00</b>
Description:		Invoice Date: 04/13/2016	Due Date: 04/14/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6840 612	TRACK ENTRY FEE		80.00		N
					In Full
					Final
<b>Vendor ID: 706882</b>	<b>POLLARD PEST CONTROL CO. &amp; LAWN CARE</b>	<b>PO Number:</b>	<b>Invoice Number: 20160407</b>	<b>Amount:</b>	<b>80.00</b>
Description:		Invoice Date: 03/30/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 425	PEST CONTROL		80.00		N
					In Full
					Final
<b>Vendor ID: 100772</b>	<b>POSTVILLE HIGH SCHOOL</b>	<b>PO Number:</b>	<b>Invoice Number: 20160329</b>	<b>Amount:</b>	<b>4.70</b>
Description:		Invoice Date: 03/21/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00

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Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 3200 1000 100 0000 592	health consortium		4.70		N	Final	
<b>Vendor ID: 100025</b>	<b>QUILL CORPORATION</b>	<b>PO Number:</b>	<b>Invoice Number: 4364033</b>	<b>Amount:</b>	<b>134.95</b>		
Description:		Invoice Date: 03/22/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 1000 1100 100 0000 612	MAP TESTING SNACKS		44.99		N	Final	
10 2000 1100 100 0000 612	MAP TESTING SNACKS		44.98		N	Final	
10 3200 1100 100 0000 612	MAP TESTING SNACKS		44.98		N	Final	
<b>Vendor ID: 100025</b>	<b>QUILL CORPORATION</b>	<b>PO Number:</b>	<b>Invoice Number: 4382419</b>	<b>Amount:</b>	<b>112.45</b>		
Description:		Invoice Date: 03/23/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 1000 1100 100 0000 612	MAP TESTING SNACKS		37.48		N	Final	
10 2000 1100 100 0000 612	MAP TESTING SNACKS		37.48		N	Final	
10 3200 1100 100 0000 612	MAP TESTING SNACKS		37.49		N	Final	
<b>Vendor ID: 100025</b>	<b>QUILL CORPORATION</b>	<b>PO Number:</b>	<b>Invoice Number: 4422438</b>	<b>Amount:</b>	<b>125.94</b>		
Description:		Invoice Date: 03/24/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 1000 1100 100 0000 612	MAP TESTING SNACKS		41.98		N	Final	
10 2000 1100 100 0000 612	MAP TESTING SNACKS		41.98		N	Final	
10 3200 1100 100 0000 612	MAP TESTING SNACKS		41.98		N	Final	
<b>Vendor ID: 104329</b>	<b>RICEVILLE COMMUNITY CENTER</b>	<b>PO Number:</b>	<b>Invoice Number: 20160329</b>	<b>Amount:</b>	<b>225.00</b>		
Description:		Invoice Date: 03/29/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 950 7996 612	COMMUNITY CENTER RENTAL		225.00		N	Final	
<b>Vendor ID: 706974</b>	<b>RICEVILLE MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 002-00034735</b>	<b>Amount:</b>	<b>3.38</b>		
Description:		Invoice Date: 03/10/2016	Due Date: 04/08/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 950 7960 612	FFA CUPS		3.38		N	Final	
<b>Vendor ID: 706974</b>	<b>RICEVILLE MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 308543</b>	<b>Amount:</b>	<b>6.79</b>		
Description:		Invoice Date: 03/17/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 3200 1300 355 0000 612	FACS FOOD SUPPLIES		6.79		N	Final	

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<b>Vendor ID: 706974</b>	<b>RICEVILLE MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 308954</b>	<b>Amount:</b>	<b>18.88</b>
Description:		Invoice Date: 03/22/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1300 355 0000 612	FACS FOOD SUPPLIES		18.88	N	In Full
					Final
<b>Vendor ID: 706974</b>	<b>RICEVILLE MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 310392</b>	<b>Amount:</b>	<b>8.97</b>
Description:		Invoice Date: 04/04/2016	Due Date: 04/08/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1300 355 0000 612	facs food supplies		8.97	N	In Full
					Final
<b>Vendor ID: 706974</b>	<b>RICEVILLE MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 311182</b>	<b>Amount:</b>	<b>18.04</b>
Description:		Invoice Date: 04/11/2016	Due Date: 04/11/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1300 355 0000 612	facs food supplies		18.04	N	In Full
					Final
<b>Vendor ID: 706974</b>	<b>RICEVILLE MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 311340</b>	<b>Amount:</b>	<b>5.56</b>
Description:		Invoice Date: 04/12/2016	Due Date: 04/14/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1300 355 0000 612	FACS FOOD SUPPLIES		5.56	N	In Full
					Final
<b>Vendor ID: 706974</b>	<b>RICEVILLE MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 311452</b>	<b>Amount:</b>	<b>77.41</b>
Description:		Invoice Date: 04/13/2016	Due Date: 04/14/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1300 355 0000 612	FACS FOOD SUPPLIES		77.41	N	In Full
					Final
<b>Vendor ID: 100392</b>	<b>RICEVILLE PHARMACY</b>	<b>PO Number:</b>	<b>Invoice Number: 20160407</b>	<b>Amount:</b>	<b>3.17</b>
Description:		Invoice Date: 03/31/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2134 000 0000 613	PILL SPLITTER		3.17	N	In Full
					Final
<b>Vendor ID: 707050</b>	<b>ROYAL TIRE, INC</b>	<b>PO Number:</b>	<b>Invoice Number: 366-7008</b>	<b>Amount:</b>	<b>3,923.04</b>
Description:		Invoice Date: 03/29/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 673	TIRES BUS 9 & 10		3,923.04	N	In Full
					Final
<b>Vendor ID: 100229</b>	<b>SCHOOL BUS SALES CO</b>	<b>PO Number:</b>	<b>Invoice Number: IN31824</b>	<b>Amount:</b>	<b>77.41</b>
Description:		Invoice Date: 04/01/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

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<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2700 000 0000 673	WIPER ARM BUS 3		77.41		N	Final
<b>Vendor ID: 101717 SCHOOL SPECIALTY SUPPLY INC</b>						
Description:		<b>PO Number:</b> 19503H		<b>Invoice Number:</b> 208115953777	<b>Amount:</b>	<b>41.40</b>
Sequence: 1	Check Type:	Invoice Date: 04/11/2016	Due Date: 04/14/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 3200 1100 102 0000 612	White Oil Paint		21.96		N	Final
10 3200 1100 102 0000 612	Black Paper		13.56		N	Final
10 3200 1100 102 0000 612	Handheld sharpener		5.88		N	Final
<b>Vendor ID: 101717 SCHOOL SPECIALTY SUPPLY INC</b>						
Description:		<b>PO Number:</b> 19573E		<b>Invoice Number:</b> 208115985776	<b>Amount:</b>	<b>76.30</b>
Sequence: 1	Check Type:	Invoice Date: 03/17/2016	Due Date: 03/29/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 1000 1100 100 0000 612	LAMINATION		76.30		N	Final
<b>Vendor ID: 100282 ST ANSGAR COMMUNITY SCHOOL</b>						
Description:		<b>PO Number:</b>		<b>Invoice Number:</b> 20160407	<b>Amount:</b>	<b>57,294.00</b>
Sequence: 1	Check Type:	Invoice Date: 03/29/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 0000 567	OPEN ENROLLMENT		57,294.00		N	Final
<b>Vendor ID: 100037 THOMAS BUS SALES</b>						
Description:		<b>PO Number:</b>		<b>Invoice Number:</b> R301003638:01	<b>Amount:</b>	<b>1,045.74</b>
Sequence: 1	Check Type:	Invoice Date: 03/17/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2700 000 0000 673	BUS 6 ELECTRICAL WORK		1,045.74		N	Final
<b>Vendor ID: 706777 TIMBERLINE BILLING SERVICE LLC</b>						
Description:		<b>PO Number:</b>		<b>Invoice Number:</b> 9023	<b>Amount:</b>	<b>82.08</b>
Sequence: 1	Check Type:	Invoice Date: 03/31/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2510 217 3303 351	MEDICAID BILLING		82.08		N	Final
<b>Vendor ID: 104671 TRAVEL LANES</b>						
Description:		<b>PO Number:</b>		<b>Invoice Number:</b> 20160414	<b>Amount:</b>	<b>111.00</b>
Sequence: 1	Check Type:	Invoice Date: 04/04/2016	Due Date: 04/14/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 3200 1100 100 0000 810	MAP TESTING INCENTIVE		111.00		N	Final
<b>Vendor ID: 103671 TRIPOLI CSD</b>						
Description:		<b>PO Number:</b>		<b>Invoice Number:</b> 20160407	<b>Amount:</b>	<b>50.00</b>
Sequence: 1	Check Type:	Invoice Date: 03/28/2016	Due Date: 04/07/2016	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>

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21 0000 1400 924 6710 612	BASKETBALL SPRING LEAGUE	50.00	N	Final	
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A106202	Amount: 1.80	
Description:		Invoice Date: 03/23/2016	Due Date: 03/29/2016	Status: A 1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>	
10 0000 2600 000 0000 680	CUSTODIAL SUPPLIES		1.80	N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A106496	Amount: 59.99	
Description:		Invoice Date: 03/31/2016	Due Date: 04/07/2016	Status: A 1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>	
10 0000 2600 000 0000 680	HAND STICK VAC		59.99	N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A106955	Amount: 1.59	
Description:		Invoice Date: 04/12/2016	Due Date: 04/14/2016	Status: A 1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>	
10 0000 2700 000 0000 618	KEY FOR BUS BARN DOOR		1.59	N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: B97980	Amount: 31.96	
Description:		Invoice Date: 03/29/2016	Due Date: 03/29/2016	Status: A 1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>	
10 0000 2600 000 0000 680	BASKETBALL NETS		31.96	N	Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1280141	Amount: 57.35	
Description:		Invoice Date: 03/31/2016	Due Date: 04/07/2016	Status: A 1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>	
21 0000 1400 910 6220 612	MUSIC		57.35	N	Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1281539	Amount: 48.25	
Description:		Invoice Date: 04/05/2016	Due Date: 04/11/2016	Status: A 1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>	
21 0000 1400 910 6220 612	MUSIC		48.25	N	Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1282119	Amount: 117.14	
Description:		Invoice Date: 04/06/2016	Due Date: 04/11/2016	Status: A 1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>	
21 0000 1400 910 6220 612	EUPH REPAIR		117.14	N	Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1282121	Amount: 117.00	

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--APRIL 2016 BATCH 1

Description:

Sequence: 1      Check Type:

Checking Account ID:

Invoice Date: 04/06/2016      Due Date: 04/11/2016      Status: A      1099 Amount: 0.00

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

21 0000 1400 910 6220 612

TRUMPET REPAIR

117.00

N

Final

**Vendor ID: 103669**

**WESTFORK COMMUNITY SCHOOL DISTRICT**

**PO Number:**

**Invoice Number: 20160329**

**Amount:**

**80.00**

Description:

Sequence: 1      Check Type:

Checking Account ID:

Invoice Date: 03/29/2016      Due Date: 03/29/2016      Status: A      1099 Amount: 0.00

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

21 0000 1400 920 6740 815

TRACK ENTRY FEE

40.00

N

Final

21 0000 1400 920 6840 815

TRACK ENTRY FEE

40.00

N

Final

**Vendor ID: 104475**

**WINDY TREE CATERING**

**PO Number:**

**Invoice Number: 987**

**Amount:**

**429.50**

Description:

Sequence: 1      Check Type:

Checking Account ID:

Invoice Date: 03/20/2016      Due Date: 03/29/2016      Status: A      1099 Amount: 0.00

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

21 0000 1400 950 7960 612

FOOD CATERED FOR FFA BANQUET

429.50

N

Final

Batch 1099 Total: 3,265.00

Batch Total: 126,068.07

Report 1099 Total: 3,265.00

Report Total: 126,068.07

## INDIVIDUALIZED INSTRUCTION

The board's primary responsibility in the management of the school district is the operation and delivery of the regular education program. Generally, students attending the school district will receive the regular education program offered by the district. Only in exceptional circumstances will the board approve students receiving individualized instruction at the expense of the school district.

Recommendations from the superintendent for individualized instruction will state the need for the instruction, the objectives and goals sought for the instruction, the employee requirements for the instruction, the implementation procedure=s for the instruction and the evaluation procedures and processes that will be used to assess the value of the instruction.

It is the responsibility of the superintendent to develop administrative regulations for individualized instruction.

Legal Reference: Iowa Code §§ 256.11; 279.8, .10, .11; 280.3, .14; 299.1-6, .11, .15, .24; 299A (2011).

Cross Reference: 501.12 Pregnant Students  
604.1 Competent Private Instruction

Approved: September 16, 2013

Reviewed: \_\_\_\_\_

Revised: \_\_\_\_\_

PROGRAM FOR TALENTED AND GIFTED STUDENTS

The board recognizes some students require programming beyond the regular education program. The board will identify students with special abilities and provide education programming.

It is the responsibility of the superintendent to develop a talented and gifted program which provides for identifying students, for program evaluation, and for training of employees.

Legal reference: Iowa Code §§ 257.42-.49 (2011).  
281 I.A.C. 12.5(12); 59.

Cross reference: 505 Student Scholastic Achievement  
604.6 Instruction at a Post-Secondary Educational Institution

Approved: January 16, 1991 Reviewed: May 28, 2008 Revised: September 16, 2013

## PROGRAM FOR AT-RISK STUDENTS

The board recognizes some students require additional assistance in order to graduate from the regular education program. The board will provide a plan to encourage and provide an opportunity for at-risk students to achieve their potential and obtain their high school diploma.

It is the responsibility of the superintendent to develop a plan for at-risk which provides for identifying students, for program evaluation, and for training of employees.

Legal reference: Iowa Code §§ 257.38-.41; 280.19, .19, .19A (2011).  
281 I.A.C. 12.5(13); 33; 65.

Cross reference: 505 Student Scholastic Achievement  
607.1 Student Guidance and Counseling Program

Approved: January 16, 1991 Reviewed: May 28, 2008 Revised: September 16, 2013

## RELIGIOUS-BASED EXCLUSION FROM A SCHOOL PROGRAM

Parents who wish to have their child excluded from a school program because of religious beliefs must inform the superintendent. The board authorizes the administration to allow the exclusion if it is not disruptive to the education program and it does not infringe on a compelling state or educational interest. Further, the exclusion must not interfere with other school district operations. Students who are allowed to be excluded from a program or activity which violates their religious beliefs are required to do an alternate supervised activity or study.

In notifying the superintendent, the parents will abide by the following:

- The notice is in writing;
- The objection is based on religious beliefs;
- The objection will state which activities or studies violate their religious beliefs;
- The objection will state why these activities or studies violate their religious beliefs; and,
- The objection will state a proposed alternate activity or study.

The superintendent will have discretion to make this determination. The factors the superintendent will consider when a student requests to be excluded from a program or activity because of religious beliefs include, but are not limited to, staff available to supervise a student who wishes to be excluded, space to house the student while the student is excluded, available superintendent-approved alternative course of study or activity while the student is excluded, number of students who wish to be excluded, whether allowing the exclusion places the school in a position of supporting a particular religion, and whether the program or activity is required for promotion to the next grade level or for graduation.

**NOTE: *Paragraph one of this policy reflects Iowa law regarding parents removing their children from parts of the education program. The rest of the policy is a process so boards can adapt but it's merely recommended, not mandatory.***

Legal Reference: U.S. Const. amend I.  
Lee V. Weisman, 112 S. Ct. 2649 (1992).  
Lemon v. Kurtzman, 403 U.S. 602 (1971).  
Graham v. Central Community School District of Decatur County, 608 F. Supp. 531 (S.D. Iowa 1985).  
Iowa Code §§ 256.11 (6); 279.8 (2011).

Cross Reference: 603 Instruction Curriculum  
606.2 School Ceremonies and Observations

Approved: September 16, 2013 Reviewed: \_\_\_\_\_ Revised: \_\_\_\_\_

## INSTRUCTION AT A POST-SECONDARY EDUCATIONAL INSTITUTION

Students in grades nine through twelve may receive academic or vocational-technical credits that count toward the graduation requirements set out by the board for courses successfully completed in post-secondary educational institutions. The student may receive academic or vocational-technical credits through an agreement between a post-secondary educational institution or with the board's approval on a case-by-case basis.

Students in grades nine through twelve who successfully complete courses in post-secondary educational institutions under an agreement between the school district and the post-secondary educational institution will receive academic and vocational-technical credits in accordance with the agreement.

Students who have completed the eleventh grade but who have not completed the graduation requirements set out by the board may take up to seven semester hours of credit at a post-secondary educational institution during the summer months when school is not in session if the student pays for the courses. Upon successful completion of these summer courses, the students will receive academic or vocational-technical credit toward the graduation requirements set out by the board. Successful completion of the course is determined by the post-secondary educational institution. The board will have completion of the course is determined by the post-secondary institution. The board will have complete discretion to determine the academic credit to be awarded to the student for the summer courses.

The following factors are considered in the board's determination of whether a student will receive academic or vocational-technical credit toward the graduation requirements set out by the board for a course at a post-secondary educational institution:

- The course is taken from a public or accredited private post-secondary educational institution;
- A comparable course is not offered in the school district. A comparable course is one in which the subject matter of the purposes and objectives of the course are similar, in the judgment of the board, to a course offered in the school district;
- The course is in the discipline areas of mathematics, science, social sciences, humanities, vocational-technical education, or a course offered in the community college career options program;
- The course is a credit-bearing course that leads to a degree;
- The course is not religious or sectarian; and,
- The course meets any other requirements set out by the board.

Students in grades eleven and twelve who take courses, other than courses taken under an agreement between the school district and the post-secondary educational institution, are responsible for transportation without reimbursement to and from the location where the course is being offered.

Ninth and tenth grade talented and gifted students and all students in grades eleven and twelve will be reimbursed for tuition and other costs directly related to the courses up to \$250. Students who take courses during the summer months when school is not in session are responsible for the costs of attendance for the courses.

Students who fail the course and fail to receive credit will reimburse the school district for all costs directly related to the course. Prior to registering for the course, students under age eighteen will have a parent sign a form indicating that the parent is responsible for the costs of the course should the student fail the course for reasons beyond their control, including, but not limited to, the student's incapacity, death in the family or a move to another district, may not be responsible for the costs of the course. The school board may waive reimbursement of the costs to the school district for the previously listed reasons. Students dissatisfied with a school board's decision may appeal to the AEA for a waiver of reimbursement.

The superintendent is responsible for annually notifying students and parents of the opportunity to take courses at post-secondary educational institutions in accordance with this policy. The superintendent will also be responsible for developing the appropriate forms and procedures for implementing this policy.

**Note: *This policy reflects current Iowa law.***

Legal Reference: Iowa Code §§ 256.11, .11A; 261E.6, E.7,; 279.8; 280.3, .14 (2011).  
281 I.A.C. 12, 22.

Cross Reference: 505 Student Scholastic Achievement  
604.3 Program for Talented and Gifted Students

Approved: September 16, 2013 Reviewed: \_\_\_\_\_ Revised: \_\_\_\_\_

## DUAL ENROLLMENT

The parent, guardian, or custodian of a student receiving private instruction may also enroll the student in the school district. The student is considered under dual enrollment. The parent, guardian, or custodian requesting dual enrollment for the student should notify the board secretary prior to the third Friday in September each year on forms provided by the school district. On the form, they will indicate the extracurricular and academic activities in which the student is interested in participating. The forms are available at the central administration office.

A dual enrollment student is eligible to participate in the school district's extracurricular and academic activities in the same manner as other students enrolled in the school district. The policies and administrative rules of the school district will apply to the dual enrollment students in the same manner as the other students enrolled in the school district. These policies and administrative rules will include, but not be limited to, athletic eligibility requirements, the good conduct rule, academic eligibility requirements, and payment of the fees required for participation.

A dual enrollment student whose parents, guardian, or custodian has chosen standardized testing as the form of the student's annual assessment will not be responsible for the cost of the test or the administration of the test.

After the student notifies the school district which activities in which they wish to participate, the school district will provide information regarding the specific programs.

It is the responsibility of the superintendent to develop administrative regulations regarding this policy.

**NOTE: *This policy reflects Iowa's dual enrollment law.***

Legal Reference: Iowa Code §§ 279.8, 299A (2011).  
281 I.A.C. 31.

Cross Reference: 502 Student Rights and Responsibilities  
503 Student Discipline  
504 Student Activities  
507 Student Health and Well-Being  
604.1 Competent Private Instruction  
604.9 Home School Assistance Program

Approved: November 14, 1991 Reviewed: May 28, 2008 Revised: September 16, 2013

## FOREIGN STUDENTS

Foreign students must meet all district entrance requirements including age, place of residence and immunization. Foreign students must be approved by the board. The board reverses the right to limit the number of foreign student accepted. Students who are citizens of a foreign country will be considered residents if they meet one of the following requirements:

- The student resides with his/her parent(s) or legal guardian;
- The student is in the United States with appropriate documentation (Form I-20) from the United States Department of Justice-Immigration and Naturalization Services; or,
- The student is a participant in a recognized foreign exchange program;, and
- The student is physically able to attend school and has provided the school district with such proof, including a current TB test.

***NOTE: The only legal requirement for foreign students is stated in the second bullet. However, the other requirements are strongly recommended.***

Legal Reference: Iowa Code §§ 279.8; (2011).

Cross Reference: 501 Student Attendance  
507.1 Student Health and Immunization Certificates

Approved: \_\_\_\_\_ Reviewed: May 28, 2008 Revised: September 16, 2013

## HOME SCHOOL ASSISTANCE PROGRAM

The board, recognizing alternatives to education outside the formal public school system, authorizes the establishment of a home school assistance program. This program will assist students receiving competent private instruction by providing licensed employees of the school district to assist the parent, guardian or legal custodian in the education of the student.

The parent, guardian or legal custodian registering for the home school assistance program will agree to comply with the requirements established by the faculty of the program.

Students registered for the home school assistance program will be counted in the basic enrollment.

It is the responsibility of the superintendent to develop administrative regulations regarding this policy.

***NOTE: School districts that do not have home school assistance programs should eliminate this policy.***

Legal Reference: Iowa Code §§ 279.8; 299A(2011).  
281 I.A.C. 31.

Cross Reference: 504 Student Activities  
507 Student Health and Well-Being  
604.1 Competent Private Instruction  
604.8 Dual Enrollment

Approved: September 16, 2013

Reviewed: \_\_\_\_\_

Revised: \_\_\_\_\_

## HEPATITIS B VACCINE INFORMATION AND RECORD

### The Disease

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1-2% of those infected. Most people with HBV recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV may be a causative factor in the development of liver cancer. Immunization against HBV can prevent acute hepatitis and its complications.

### The Vaccine

The HBV vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials.

Approximately 90 percent of healthy people who receive two doses of the vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against the virus. The HBV vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of the vaccine over a six-month period, although some persons may not develop immunity even after three doses.

There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

### Dosage and Administration

The vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

### Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to twenty percent of persons experience tenderness and redness at the site of injection and low grade fever. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that other side effects may be identified with more extensive use.

## HEPATITIS B VACCINE INFORMATION AND RECORD

**CONSENT FORM OF HEPATITIS B VACCINATION**

I have knowledge of Hepatitis B and the Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

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Signature of Employee (consent for Hepatitis B vaccination)

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Date

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Signature of Witness

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Date**REFUSAL FORM OF HEPATITIS B VACCINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus infection. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

---

Employees Signature

---

Date

---

Witness Signature

---

Date

I refuse because I believe I have (check one) \_\_\_\_started the series \_\_\_\_ completed the series

HEPATITIS B VACCINE INFORMATION AND RECORD

RELEASE FORM FOR HEPATITIS B MEDICAL INFORMATION

I hereby authorize \_\_\_\_\_ (individual or organization holding  
Hepatitis B records and

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (address)

to release to the Riceville Community School District, my Hepatitis B vaccination records for  
required employee records.

I hereby authorize release of my Hepatitis B status to a health care provider, in the event of an  
exposure incident.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## HEPATITIS B VACCINE INFORMATION AND RECORD

**CONFIDENTIAL RECORD**

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Employee Name (last, first, middle)

---

Social Security NumberJob Title: 

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Hepatitis B Vaccination Date	Lot number	Site	Administered By
1. <hr/>	<hr/>	<hr/>	<hr/>
2. <hr/>	<hr/>	<hr/>	<hr/>
3. <hr/>	<hr/>	<hr/>	<hr/>

Additional Hepatitis B status information:

---

---

Post-exposure incident: (Date, time, circumstances, route under which exposure occurred)

---

Identification and documentation of source individual:

---

---

Source blood testing consent:

---

Description of employee's duties as related to the exposure incident:

---

Copy of information provided to health care professional evaluating an employee after an exposure incident:

---

Attach a copy of all results of examinations, medical testing, follow-up procedures, and health care professional's written opinion.

Training Record: (date, time, instructor, location of training summary)

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## HEALTH EDUCATION

Students in grade levels one through twelve will receive, as part of their health education, instruction about personal health; food and nutrition; environmental health; safety and survival skills; consumer health; family life; human growth and development; substance abuse and non-use, including the effects of alcohol, tobacco, drugs and poisons on the human body; human sexuality; self-esteem; stress management; interpersonal relationships; emotional and social health; health resources; prevention and control of disease; and communicable diseases, including acquired immune deficiency syndrome. The purpose of the health education program is to help each student protect, improve and maintain physical, emotional and social well-being.

The areas stated above are included in health education and the instruction are adapted at each grade level to aid understanding by the students.

Parents who object to health education instruction in human growth and development may file a written request that the student be excused from the instruction. The written request will include a proposed alternate activity or study acceptable to the superintendent. The superintendent will have the final authority to determine the alternate activity or study.

**NOTE: *This is a mandatory policy and reflects the educational standards.***

Legal Reference: Iowa Code 256.11; 279.8; 280.3-.14 (2011).  
281 I.A.C. 12.5

Cross Reference: 502 Student Rights and Responsibilities  
603 Instructional Curriculum  
607 Instructional Services

Approved: August 2, 1990 Reviewed: May 28, 2008 Revised: September 16, 2013

## HUMAN GROWTH AND DEVELOPMENT STUDENT EXCUSE FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the curricular objective(s) from which you wish to have your child excused and the class or grade in which each is taught. An example is provided for you to follow.

<u>Objective</u>	<u>Class/Grade</u>
Ex. To understand the consequences of responsible and irresponsible sexual behavior.	Health Education 6
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

I have reviewed the Human and Growth and Development program goals, objectives, and materials and wish my child to be excused from class when these objectives are taught. I understand my child will incur no penalty but may/will be required to complete an alternative assignment that relates to the class and is consistent with assignments required of all students in class.

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
School Administrator

Date: \_\_\_\_\_

## PHYSICAL EDUCATION

Students in grades one through twelve are required to participate in physical education courses unless that are excused by the principal of their attendance center.

Students may be excused from physical education courses if the student presents a written statement from a doctor stating that such activities could be injurious to the health of the student or the student has been exempted because of a conflict with the student's religious beliefs.

Students in grades 9-12 may also be excused from physical education courses if:

- The student is enrolled in academic courses not otherwise available, or
- The student has obtained a physical education waiver for a *trimester* because the student is actively involved in an athletic program.

Twelfth grade students may also be excused from physical education courses if the student is enrolled in a cooperative, work study or other educational program authorized by the school which requires the student's absence from school.

Students who will not participate in physical education must have a written request or statement from their parents.

***Note: This is a mandatory policy and reflects the educational standards.***

Legal reference: Iowa Code §§ 256.11 (2011).  
281 I.A.C. 12.5

Cross reference: 504 Student Activities  
603 Instructional Curriculum

Approved: August 2, 1990 Reviewed: May 28, 2008 Revised: September 16, 2013

## CAREER EDUCATION

Preparing students for careers is one goal of the education program. Career education will be written into the education program for grades kindergarten through twelve. This education will include, but not be limited to, awareness of self in relation to others and the needs of society, exploration of employment opportunities, experiences in personal decision-making, and experiences of integrating work values and work skills into their lives.

It is the responsibility of the superintendent to assist licensed employees in finding ways to provide career education in the educational program. Special attention should be given to courses of vocational education nature. The board, in its review of the curriculum, will review the means in which career education is combined with other instructional programs.

***NOTE: This is a mandatory policy and reflects the educational standards.***

Legal reference: Iowa Code §§ 256.11, .11A; 280.9 (2011).  
281 I.A.C. 12.5(7)

Cross reference: 603 Instructional Curriculum

Approved: September 16, 2013 Reviewed: \_\_\_\_\_ - Revised: \_\_\_\_\_

## TEACHING ABOUT RELIGION

The school district is required to keep the practice of religion out of the school curriculum. The board recognizes the key role religion has played in the history of the world and authorizes the study of religious history and traditions as part of the curriculum. Preferential or derogatory treatment of a single religion will not take place.

It is the responsibility of the superintendent to ensure the study of religion in the schools in keeping with the following guidelines:

- The proposed activity must have a secular purpose;
- The primary objective of the activity must not be one that advances or inhibits religion; and
- The activity must not foster excessive governmental entanglement with religion

***NOTE: This policy and the accompanying regulation reflect the law on teaching religion in the public schools.***

Legal Reference: U.S. Const. amend I.  
Lee v. Weisman. 112 S. Ct. 2649 (1992).  
Lemon v. Kurtzman, 403 U.S. 602 (1971).  
Graham v. Central Community School District of Decatur County, 608 F. Supp. 531 (S.D. Iowa 1985).  
Iowa Code §§ 279.8; 280.6 (2011).

Cross Reference: 603 Instructional Curriculum  
604.5 Religious-Based Exclusion from a School Program  
606.2 School Ceremonies and Observances

Approved: September 16, 2013 Reviewed: \_\_\_\_\_ - Revised: \_\_\_\_\_

## TEACHING ABOUT RELIGION REGULATION-RELIGIOUS HOLIDAYS

The historical and contemporary significance of religious holidays may be included in the education program provided that the instruction is presented in an unbiased and objective manner. The selection of holidays to be studied will take into account major celebrations of several world religions, not just those of a single religion. holiday-related activities will be educationally sound and sensitive to religious differences and will be selected carefully to avoid the excessive or unproductive use of school time. Teachers will be especially careful in planning activities that are to take place immediately preceding or on a religious holiday.

Music, art, literature and drama having religious themes (including traditional carols, seasonal songs and classical music) will be permitted if presented in an objective manner without sectarian indoctrination. The emphasis on religious themes is only as extensive as necessary for a balanced and comprehensive study or presentation. Religious content included in student performances is selected on the basis of its independent educational merit and will seek to give exposure to a variety of religious customs, beliefs and forms of expression. Holiday programs, parties or performances will not become religious celebrations or be used as a forum for religious worship, such as the devotional reading of sacred writings or the recitations of prayers.

The use of religious symbols (e.g. a cross, menorah, crescent, Star of David, lotus blossom, nativity scene or other symbol that is part of a religious ceremony) are permitted as a teaching aid, but only when such symbols are used temporarily and objectively to give information about a heritage associated with a particular religion. The Christmas tree, Santa Claus, Easter eggs, Easter bunnies and Halloween decorations are secular, seasonal symbols and as such can be displayed in a seasonal context.

Expressions of belief or non-belief initiated by individual students is permitted in composition, art forms, music, speech and debate. However, teachers may not require projects or activities which are indoctrinate or force students to contradict their personal religious beliefs or non-beliefs.

## ACADEMIC FREEDOM

The board believes students should have an opportunity to reach their own decisions and beliefs about conflicting points of view. Academic freedom is the opportunity of licensed employees and students to study, investigate, present, interpret, and discuss facts and ideas relevant to the subject matter of the classroom and appropriate to and in good taste with the maturity and intellectual and emotional capacities of the students.

It is the responsibility of the teacher to refrain from advocating partisan causes, sectarian religious views, or biased positions in the classroom or through teaching methods. Teachers are not discouraged from expressing personal opinions as long as students are aware it is a personal opinion and students are allowed to reach their own conclusions independently.

It is the responsibility of the principal to ensure academic freedom is allowed but not abused in the classroom.

***Note: This is not a mandatory policy, but it is strongly recommended. The policy and accompanying regulation reflect current law on the subject.***

Legal Reference: Iowa Code §§ 279.8; 280.3, .6 (2011).

Cross Reference: 502 Student Rights and Responsibilities  
603 Instructional Curriculum  
903.5 Distribution of Materials

Approved: September 16, 2013 Reviewed: \_\_\_\_\_ Revised: \_\_\_\_\_

## TEACHING CONTROVERSIAL ISSUES

A “controversial issue” is a topic of significant academic inquiry about which substantial groups of citizens of this community, this state or this nation hold sincere, conflicting points of view.

It is the belief of the board that controversial issues should be fairly presented in a spirit of honest academic freedom so that students may recognize the validity of other points of view but can also learn to formulate their own opinions based upon dispassionate, objective, unbiased study and discussion of the facts related to the controversy.

It is the responsibility of the instructor to present full and fair opportunity and means for students to study, consider and discuss all sides of controversial issues including, but not limited to, political philosophies.

It is the responsibility of the instructor to protect the right of the student to study pertinent controversial issues within the limits of good taste and to allow the student to express personal opinions without jeopardizing the student’s relationship with the teacher.

It is the responsibility of the teacher to refrain from advocating partisan causes, sectarian religious views, or selfish propaganda of any kind through any classroom or school device; however, an instructor will not be prohibited from expressing a personal opinion as long as students are encouraged to reach their own decisions independently.

The board encourages full discussion of controversial issues in a spirit of academic freedom that shows students that they have the right to disagree with the opinions of others but that they also have the responsibility to base the disagreement on facts and to respect the right of others to hold conflicting opinions.

GLOBAL EDUCATION

Because of our growing interdependence with other nations in the world, global education is incorporated into the education program for grades kindergarten through twelve so that students have the opportunity to acquire a perspective on world issues, problems, and prospects for an awareness of the relationship between an individual's self-interest and the concerns of people elsewhere in the world.

Legal reference: Iowa Code §§ 256.11, .11A (2011).  
281 I.A.C. 12.5(11)

Cross reference: 602 Curriculum Development  
603 Instructional Curriculum

Approved: September 16, 2013 Reviewed: \_\_\_\_\_ Revised: \_\_\_\_\_

## CITIZENSHIP

Being a citizen of the United States, of Iowa and of the school district community entitles students to special privileges and protections as well as requiring the students to assume civic, economic and social responsibilities and to participate in their country, state, and school district in a manner that entitles them to keep these rights and privileges.

As part of the education program, students will have an opportunity to learn about their rights, privileges, and responsibilities as citizens of this country, state and school district community. As part of this learning opportunity students are instructed in the elements of good citizenship and the role quality citizens play in their country, state and school district community.

Legal reference: Iowa Code §§ 256.11, .11A (2011).  
281 I.A.C. 12.3(6), 12.5(3) (b)-(5) (b)

Cross reference: 101 Educational Philosophy of the School District  
502 Student Rights and Responsibilities  
503 Student Discipline

Approved: August 2, 1990 Reviewed: May 28, 2008 Revised: September 16, 2013

## COMPETENT PRIVATE INSTRUCTION

In the event a child of compulsory attendance age, over age six and under age sixteen, does not attend public school or an educational nonpublic school the child must receive competent private instruction.

A parent choosing competent private instruction for a student must notify the school district prior to the first day of school on forms provided by the school district. The forms are available in the central administration office. One copy of the completed forms will be kept by the school district and another copy will be forwarded to the area education agency.

The superintendent will determine whether the completed form is in compliance with the law. Specifically, the superintendent will determine whether the individual providing the instruction is either the student's parent, guardian, legal custodian or an Iowa licensed practitioner; whether the licensed practitioner's license is appropriate for the age and grade level of the student; that the student being instructed a minimum of one hundred and forty-eight days per year; that immunization evidence is provided for students placed under competent private instruction for the first time and that the report is timely filed.

The school district will report noncompliance with the reporting, immunization, attendance, instructor qualifications, and assessment requirements of the compulsory attendance law to the county attorney of the county of residence of the student's parent, guardian or custodian.

Students receiving competent private instruction are eligible to request open enrollment to another school district. Prior to the request for open enrollment, the student will request dual enrollment in the resident district. The receiving district will not bill the resident district unless the receiving district complies with the reporting requirements. If the parent, guardian or custodian fails to comply with the compulsory attendance requirements, the receiving district will notify the resident district. The resident district will then report the noncompliance to the county attorney of the county residence of the parent, guardian or custodian.

Students receiving competent private instruction from a parent, guardian or legal custodian must be evaluated annually by May 1 unless such person is properly licensed. The parent, guardian or legal custodian may choose either a standardized test approved by the Iowa Department of Education or a portfolio evaluation. If the parent, guardian or legal custodian chooses standardized testing and the student is dual enrolled, the school district will pay for the cost of the standardized test and the administration of the standardized test. If the student is not dual enrolled, the parent, guardian, or legal custodian will reimburse the school district for the cost of the standardized test and the administration of the standardized test. If a parent, guardian or legal custodian of a student receiving competent private instruction chooses portfolio assessment as the means of annual assessment, the portfolio evaluator must be approved by the superintendent. Portfolio evaluators must hold a valid Iowa practitioner's

license or teacher certificate appropriate to the ages and grade levels of the children whose portfolios are being assessed. No annual evaluation is required for students receiving competent private instruction from an appropriately licensed or certified Iowa practitioner.

Upon the request of a parent, guardian or legal custodian of a student receiving competent private instruction or upon referral of a licensed practitioner who provides instruction or instructional supervision of a student under competent private instruction, the school district will refer a student who may require special education to the area education agency, Division of Special Education, for evaluation.

Students in competent private instruction must make adequate progress. Adequate progress includes scoring at the thirtieth percentile on a standardized test or a report by the portfolio evaluator indicating adequate progress. Students who fail to make adequate progress under competent private instruction provided by the student's parent, guardian or legal custodian will attend an accredited public or nonpublic school beginning the next school year. The parent, guardian or legal custodian of a student who fails to make adequate progress may apply to the director of the Department of Education for approval of continued competent private instruction under a remediation plan.

The remediation plan is for no more than one year. Before the beginning of the school year, the student may be re-tested and if the student achieves adequate progress the student may remain in competent private instruction.

**NOTE: *This policy reflects Iowa law on competent private instruction. The form in the accompanying exhibit is the Iowa Department of Education form.***

Legal Reference: Iowa Code §§ 256.11; 279.10, .11; 299.1-.6, .11, .15, .24, 299A (2011).  
281 I.A.C. 31.

Cross Reference: 501 Student Attendance  
502 Student Rights and Responsibilities  
504 Student Activities  
507.1 Student Health and Immunization Certificates  
604.7 Dual Enrollment  
604.9 Home School Assistance Program

Approved: November 14, 1991 Reviewed: May 28, 20008 Revised: September 16, 2013

**FORM A**

(Completed by the Parent, Guardian, or Legal or Actual Custodian) Date when returned \_\_\_\_\_

**Competent Private Instruction Report**

Iowa Code section 299.4

20\_\_-20\_\_ School Year

**Required information: See instructions before completing.**

The following information is required in accordance with Iowa Code section 299.4. A parent, guardian, or legal or actual custodian enrolling a student in CPI under Option 1 must submit this report in duplicate to the school district of residence. A parent, guardian, or legal or actual custodian enrolling a student in CPI under Option 2 may submit this report in duplicate to the school district of residence. A parent, guardian, or legal or actual custodian enrolling a student in CPI under Option 2 and electing dual enrollment must submit this report in duplicate to the school district of residence. This report is required, under the conditions described above, if the student is 6 years old on or before September 15 and not yet 16 years old and does not attend an Iowa public or accredited nonpublic school. **Return this form to the school district secretary by September 1 or within 14 calendar days of removing the student from a public or accredited nonpublic school or 14 calendar days from moving into the school district.** (If the student will be enrolled in a home school assistance program, please notify the district if the student will also be dually enrolled.) This form is not applicable to families choosing Independent Private Instruction, or for those using CPI Option 2 without dual enrolling or opting to report.

- 1) Child and Family Information: (Name and birth date of child under competent private instruction.)

<b>Name:</b>	<b>Birth Date:</b>

- 2) Name and address of person filing report. (Please check the appropriate box after "name")

<b>Name</b>	<b>Parent</b>	<b>Guardian</b>	<b>Legal or Actual Custodian</b>
<b>Address:</b>	<b>City, Zip:</b>		
<b>Phone # (optional)</b>			

- 3) Immunization Evidence: If filing Form A for the 1
- <sup>st</sup>
- time, attach immunization information.
- 
- (Proof of immunization is required of all children receiving CPI without the private exemption, including those HSAP enrolled or dually enrolled)

- 4) Instructional Program Information:

Outline the course of study on a separate page(s). Attach lesson plans on separate page(s).

<b>Subject:</b>	<b>Text, Publisher, and Author:</b>	<b>Time Spent:</b>

- 5) List number of days of instruction under competent private instruction \_\_\_\_\_ (must be at least 148 days per academic year, Iowa Code section 299A.1)

- 6) If an appropriately licensed Iowa teacher will provide or supervise the parent, guardian, or legal or actual custodian in providing the instruction, give the teacher's name and folder number.

- 7)

<b>Name:</b>	<b>Teacher Folder Number:</b>
<b>Address:</b>	<b>Teacher signature- (optional):</b>
<b>City, State / Zip:</b>	<b>Phone Number- (optional):</b>

- 8) If an Iowa licensed teacher is not providing instruction or supervising, the parent, guardian, or legal or actual custodian providing instruction to the child, the child may, but is not required, to take an annual assessment. (Please consult the Department of Education's list of acceptable annual assessments-page 23). If standardized testing is desired, notify the school district in order to receive testing dates by October 1<sup>st</sup>.

**IMPORTANT:** If you have selected any of the optional services listed on the back of Form A, please check here: \_\_\_\_\_  
Parent/Guardian/Legal or Actual Custodian Signature (required): \_\_\_\_\_

**The Following Information is Optional....**

However, if you want your child to access special education programs or services, or if your child plans to participate in any academic or extracurricular activities, at your local school district, complete the following #8 and #9.

**NOTE:** It is not necessary to dual enroll your child

-to access district-provided driver education (Iowa Code 321.178)

-to have your child's annual assessment provided at no charge to you.

Iowa Code section 299A.4.

- 9) If the child is currently identified as a child requiring special education, prior approval must be sought from the special education director at the Area Education Agency before the child may receive Competent Private Instruction in Iowa unless the parent, guardian, or legal or actual custodian of the child does not consent to initial evaluation or to reevaluation of the child for receipt of special education services or programs. Iowa Code section 299A.9.

Is the child currently identified as a child requiring special education pursuant to the rules of special education? Yes \_\_\_ No \_\_\_

Do you consent to initial evaluation or to reevaluation of the child for receipt of special education services or programs? Yes \_\_\_ No \_\_\_

- 10) Do you desire dual enrollment in the public school for the child under competent private instruction? Yes \_\_\_ No \_\_\_ (If no, skip to #10.)

A. Dual enrollment is desired for:

B. Academic \_\_\_ Extra-curricular activities \_\_\_ Special Education \_\_\_ (Check all that apply)

C. Grade Level for the 2015-2016 school year \_\_\_\_\_

D. Subjects or Activities you wish your child to dual enroll in:

1st Semester:	2nd Semester:

- 11) Do you desire to enroll in a Home School Assistance Program if offered? Yes \_\_\_ No \_\_\_ +

12). Parent/ Guardian/ Legal Custodian Signature (required): \_\_\_\_\_

## Instructions for Form A

Parents, guardians, or legal or actual custodians with children under competent private instruction under Option 1, or under competent private instruction Option 2 with dual enrollment or optional reporting need to submit two copies of Form A to the local public school district. After the school district receives and checks the form for completion, one copy of the form should be filed with the local district and the other copy the district sends to the secretary of the AEA. **DO NOT SEND A COPY to the Department of Education. NOTE: If you change your district of residence during the school year, you must also complete this form for your new district of residence.**

The due date is **September 1<sup>st</sup>** or no more than 14 calendar days (for a minimally completed form and 30 calendar days for a fully completed form) after the child has been removed from an Iowa accredited school or after moving into the district.

**The form is designed to allow the parent, guardian, or legal or actual custodian to provide the required information, items 1-6 and parent/guardian/legal or actual custodian signature. Item 7 is informational. Items 8, 9 and 10 are optional. If you plan to dual enroll your child in an academic course or extracurricular activity, complete item 9. (See the timeline in the Private Instruction Handbook ([Link to Timeline](#)) for an explanation of the dual enrollment deadline.)**

**Items 1 & 2:** All information must be supplied. Only one child per form.

**Item 3:** If filing Form A for the first time, (including those filing for a child being enrolled in a HSAP), attach immunization evidence or in lieu of such evidence, file a doctor's statement or an affidavit of religious exemption as outlined in Iowa Code section 139A.8. For exemption forms, please call 1-888-398-9696.

**Item 4:** List the subjects taught, the texts used, the text publisher or author, and the amount of time spent on each subject listed. Parents, guardians, or legal or actual custodians need to attach the course of study information separately. Lesson plans may be accepted for the entire year or for shorter periods of time. The lessons should show evidence of planning.

**Item 5:** The number listed must be at least 148 school days. Exception: If a child was enrolled in a public or accredited nonpublic school during the current academic year, then switched to home schooling, the number on this line may be the number of days remaining of the 148 school days after subtracting the number of days the child was in attendance in the school.

**Item 6:** In some situations, a person other than the child's parent, guardian, or legal or actual custodian either provides or supervises the instruction for the child. For those providing competent private instruction to the child under Iowa Code section 299A.2, this person must hold a valid Iowa-teaching license appropriate to the age and grade of the child. The teacher's name, address, and folder number must be provided in this item. The school district will check the licensure of this person by contacting the Iowa Board of Educational Examiners at the following website [www.boee.iowa.gov](http://www.boee.iowa.gov) or by calling (1-515-281-3245). If item 6 is blank, and the child is between the ages of 7 and 15, inclusive, during the current school year, the child is subject to the baseline evaluation/annual assessment requirement. (If parent/guardian/legal or actual custodian is a licensed teacher or under the supervision of a licensed teacher who holds a license appropriate to the age and grade of the child, the child is not required to take an annual assessment. If the child is enrolled in a private correspondence school accredited by a regional or national accrediting organization, the child's annual report card can be submitted as a report of annual assessment. A courtesy test may be requested, see note in item number 7.)

**Item 7:** Children receiving competent private instruction under Option 2 are subject to the assessment requirement if they fit these criteria:

1. AGE--the child is between the ages of 7 and 15, inclusive, of the current school year.
2. TEACHER--the child's instruction is not provided or supervised by a person holding a valid Iowa teacher license appropriate to the age and grade of the child.
3. The parent, guardian, or legal or actual custodian has opted-in to the optional reporting under Option 2. Student is dual enrolled with the district for academics or extracurricular activities.

All children fitting these criteria may but are not required to have a baseline evaluation in their first year of home schooling. Each year after the baseline evaluation, as long as they still fit the criteria, they may but are not required to have an annual assessment of educational progress, which may be conducted using standardized testing, portfolio assessment, or a report card from an accredited correspondence school. Children under or over the age limits by September 15 are not subject to the annual assessment. Likewise, if an appropriately licensed Iowa teacher provides or supervises a parent, guardian, or legal or actual custodian in providing the child's instruction, the child is not subject to assessment, regardless of age.

Subjects that may be assessed:

- -For children up through grade 5: Reading, Language Arts, and Mathematics:
- -For children in grades 6-12: Reading, Language Arts, Mathematics, Science, and Social Studies.

**Home-schooled children for whom standardized testing has been selected as their method of annual assessment may be tested annually in these subjects even if the school district does not test its own students. National percentile ranks and national grade equivalents must be included on the score report from the test scoring service.**

A detailed list of tests is located in the Private Instruction Handbook (page 23) and also on the website located at <https://www.educateiowa.gov/pk-12/options-educational-choice/competent-private-instruction-home-schooling>. School Districts or AEAs providing the testing should attempt to accommodate these preferences. School Districts may provide the testing themselves or may delegate it to the AEA. School Districts should notify parents, guardians, or legal or actual custodians by October 1 of the dates, sites, and time of testing. If parents, guardians, or legal or actual custodians of a student subject to the assessment option request testing in their home, it must be provided at that site and at no cost to the parents, guardians, or legal or actual custodians. If a portfolio is used as an annual assessment, the parent, guardian, or legal or actual custodian identifies the licensed teacher to evaluate the portfolio. The deadline for completing standardized testing or submitting portfolio to evaluator is May 1st of each year and the test administrator or portfolio evaluator must send a copy of the results to the parents, guardians, legal or actual custodians, and the school district by June 30. An evaluator holding an elementary teaching license is appropriate for evaluating a portfolio for students in grades K-6, a middle school license for grades 5-8, and a secondary classroom teacher license is appropriate for grades 7-12. 281-IAC 31.8(3)

**Special note about "courtesy testing."** Occasionally, parents, guardians, or legal or actual custodians of children who are not subject to the baseline evaluation/annual assessment option may want their child tested anyway. The district or AEA must provide the testing free of charge to the parents, guardians, or legal or actual custodians. The results will go to the district or AEA.

Items 8, 9, and 10 are optional

**Item 8:** A child of compulsory attendance age, who is identified as requiring special education under chapter 256B and is receiving Competent Private Instruction, is eligible for placement under competent private instruction with prior approval of the placement by the director of special education of the area education agency of the child's district of residence. It is the duty of the parent, guardian, or legal or actual custodian to send a copy of Form A to the school district and the Area Education Agency Director of Special Education for approval. Iowa Code section 299A.9. However, this consent is not required if the parent, guardian, legal, or actual custodian does not consent to initial evaluation or to reevaluation of the child for receipt of special education services or programs.

**Note:** A child who receives CPI to access special education services must be dually enrolled. (See Item 9)

**Item 9:** Dually enrolled students may participate in coursework or activities on the same basis as regularly enrolled students. This item is required if parents, guardians, or legal or actual custodians wish to have their children participate in an academic course or extracurricular activity. Dual enrollment is also required if the child is to receive available texts or supplemental instructional materials (on the same basis as they are provided to enrolled students) or special education programs or services. If parents, guardians, or legal or actual custodians want their child dually enrolled in a course or activity the course or activities need to be listed. Districts need to develop procedures to ensure that dually enrolled students and their parents, guardians, or legal or actual custodians are given adequate notice of the time and place of the activities they have chosen. The deadline for dual enrollment is September 15 if the parents, guardians, or legal or actual custodians begin CPI at the start of the school year, 14 calendar days after moving, or 14 calendar days after withdrawing from school. **The district may deny dual enrollment if the request is after the deadline.**

**Item 10:** School districts are not required to offer a home school assistance program. If your local school district has a program, an Iowa licensed teacher who is hired by the school district will supervise your student's instruction. If your child wishes to participate in courses or activities that are offered by the school district, the child must be dually enrolled in addition to being HSAP enrolled. (Responses to this item help districts without a HSAP determine if they need to start one)

**SCHOOL DISTRICTS –** Please give parents, guardians, or legal or actual custodians the FERPA notification letter when a Form A is requested. Districts shall determine what directory information is and who the local contact is. When the parent, guardian, or legal or actual custodian gives "opt out" notification instructions to the school district, the AEA's have requested that the LEA send a copy to them.

**PARENTS/GUARDIANS/LEGAL or ACTUAL CUSTODIANS –** Please review the FERPA form and return to the school district.

## AEA PURCHASING AGREEMENT 2016-2017

This purchasing agreement ("Agreement") is entered into by the AEA Purchasing, an entity formed by a 28E Agreement filed on or about February 7, 2011 and the \_\_\_\_\_ School District/Customer (hereafter the "Eligible Member") located in Area Education Agency (hereafter the "AEA") \_\_\_\_\_ for the 2016-2017 school year.

### SELECTION OF PROGRAMS

Eligible Member elects to participate in the program(s) which Eligible Member has checked below. Products available under these bids are for use in the Eligible Member's Child Nutrition Programs:

- A. AEA PURCHASING Food Bid \_\_\_\_\_ (Martin Brothers Dist. Co., Inc.)
- B. AEA PURCHASING Small Wares Bid \_\_\_\_\_ (not known yet)
- C. AEA PURCHASING Ware Wash Bid \_\_\_\_\_ (NE SE Service Zones – EMS Detergent)  
(NW SW Service Zone – Martin Brothers)

### PURCHASE CATEGORIES AND COMMITMENT TO BUY

The Eligible Member agrees to purchase an aggregate monthly total of 60% of its food and supplies (excluding milk, bread, small wares and ware wash) from the vendor selected by AEA Purchasing ("Prime Vendor") for the AEA Purchasing.

### ELIBIBLE MEMBER COMMITMENT TO PARTICIPATE

Eligible Member agrees to participate in the activities of the selected purchasing programs operated by the AEA Purchasing, which includes responding to requests for information from the AEA Purchasing reporting any service, product, invoicing, or other problems which may arise between the Eligible Member and any Prime Vendor; being willing to serve on committees of Eligible Members which may be established by the AEA Purchasing from time to time, and/or providing input to such committees to facilitate the work of such committees; and participation in audits as requested by the AEA Purchasing..

### EFFECTIVE DATE

To be effective beginning July 1, 2016, this Agreement must be signed no later than June 30, 2016. After June 30, 2016, new members may join only as follows: their membership will be effective January 1 of the following year if they sign this Agreement after December 31, their membership will be effective July 1 of the same year if they sign this Agreement by June 30.

### PRIME VENDOR RESPONSIBILTIES

The Prime Vendor has agreed to perform the following functions:

The Prime Vendor will provide any product data information which will include nutrition fact labels, CN label information and any manufacturer's statements.

Provide sales people to visit all Eligible Members bi-weekly and establish a schedule for regular salesperson visits and truck deliveries to AEA Purchasing's Eligible Members in Iowa.

Establish, in conjunction with AEA Purchasing, a schedule for product shows, seminars and marketing events in all aspects of food service. Prime Vendor and AEA Purchasing or its Eligible Members will jointly provide staff to plan and carry out these events.

Submit monthly sales volume reports to the AEA Purchasing in the form or forms requested by AEA Purchasing.

Submit to Eligible Members and AEA Purchasing monthly and weekly product lists with current pricing expressed in dollars and cents. Product areas with monthly price changes are dry grocery goods, frozen

items, frozen pizza, frozen potatoes, paper/plastic products and chemicals. Product areas with weekly price changes are fresh meat, dairy products and fresh produce.

Invoice and deliver products directly to Eligible Members.

Assist those Eligible Members that wish to use the Prime Vendor computer ordering and inventory system. Provide information and help Eligible Members participate in the DF – Diverted Foods USDA program.

#### **AEA PURCHASING ADMINISTRATIVE FEE**

The AEA Purchasing administers a \$.50 per case and a \$.10 per broken case amount to help cover the expenses of running the program.

After expenses are paid, the balance is refunded to our Eligible Members. In school year 2014-2015 the amount sent back as a year-end food rebate was \$100,725.00.

Iowa's AEA (through the appointed representatives on the AEA Purchasing board) will provide oversight and management to this program but no funding.

#### **ORDERING AND BILLING**

Eligible Members may place their individual orders with Prime Vendor at any time during the term of this Agreement.

All invoices for payment shall be sent directly to the Eligible Member ordering under the terms and conditions of this Agreement. The Eligible Member will make payment directly to the Prime Vendor.

#### **TERMS**

Normal terms are net amount due in 30 days. (Net 30 days).

#### **PAYMENT**

All invoices for payment shall be sent directly to Eligible Member ordering under the terms and conditions of the agreement between the Prime Vendor and the AEA Purchasing. Eligible Member will remit payment directly to Prime Vendor. Eligible Member will pay applicable administrative fees included on its invoices, which administrative fees will be paid to AEA Purchasing by Prime Vendor pursuant to the agreement between AEA Purchasing and Prime Vendor. AEA Purchasing will refund to Eligible Member on a pro rata basis any excess of administrative fees, after AEA Purchasing determines allowable costs pursuant to USDA regulations at the conclusion of this Agreement. Eligible Member will return any such refund to the appropriate school meals account as required by USDA regulations.

#### **PRICE LISTS AND PRICE CHANGES**

The AEA Purchasing will transmit monthly price lists to all Eligible Members on or about the first day of each month. Price lists shall be transmitted weekly for weekly priced items, and monthly for monthly priced items.

Firm prices will prevail for one calendar month with the exception of fresh meat, dairy products and fresh produce. Prices on fresh meat, dairy products and fresh produce will be for one week at a time.

#### **MINIMUM ORDER AND DELIVERY**

The minimum order requirements for one Eligible Member for delivery to one building will be \$500.00 for food. The Prime Vendor will deliver and unload goods directly to the Eligible Members during the normal operating hours or at other mutually agreed times. Schools that order under \$500 order will still get the same AEA Purchasing prices but will incur a \$15 service fee. There will be no fuel surcharge.

#### **SALES REPRESENTATION/MARKETING**

Prime Vendor has agreed to provide sales people to visit all Eligible Members on a bi-weekly basis, along with providing support from their telemarketing staff. Prime Vendor has agreed to sponsor product shows and other educational seminars in the Midwest for Eligible Member personnel at no charge.

#### **ELIGIBLE MEMBER RESPONSIBILITY**

Eligible Member acknowledges its responsibility to comply with all regulations of the United States Department of Agriculture ("USDA") and the Iowa Department of Education ("DE") which are applicable to School Food Authorities (SFA's) as defined in the National School Lunch Program regulations (NSLP),

including but not limited to retention of records. Eligible Member agrees to adhere to all provisions of the Code of Conduct adopted by the AEA Purchasing which are applicable to Eligible Members.

#### **NO RESALE**

Eligible Member will not resell to any other organization or individual the products purchased by Eligible Member from a Prime Vendor pursuant to an agreement between the Prime Vendor and the AEA Purchasing..

#### **COMPLIANCE BY AEA PURCHASING**

The AEA Purchasing will at all times when conducting its business comply with any and all applicable federal and state laws, rules, and regulations related to the bidding of projects and contracts by Iowa school districts and area education agencies for the purpose of securing, purchasing and delivering goods and services used by school districts in Iowa, including, but not limited to, food, beverages, and supplies used in the National School Lunch Program, and additionally, shall comply with any and applicable federal laws, rules and regulations issued or amended by the USDA related to the procurement of food and beverages for use in schools and related educational institutions.

#### **TERMINATION**

Both Eligible Member and the AEA Purchasing have the option to terminate this Agreement prior to June 30, 2017 upon thirty (30) days' advance written notice.

#### **AMENDMENT AND RESTATEMENT OF AEA PURCHASING**

AEA Purchasing intends to amend and restate its 28E Agreement effective as of July 1, 2015, to among other things change its name to Iowa Association of Area Education Agencies ("IAAEA"). The parties hereby agree that all references to AEA PURCHASING shall be deemed to refer to IAAEA after July 1, 2015.

#### **SIGNATURES**

Eligible Member/School District

#### **AEA Purchasing Signature**

AEA Purchasing Foodservice Division  
3712 Cedar Heights Drive, Cedar Falls IA 50613  
FAX: 319-273-8282  
PHONE: 319-268-7725  
EMAIL: dan@aeapurchasing.org

\_\_\_\_\_  
Name of School District/Customer

\_\_\_\_\_  
AEA Purchasing Director Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President or Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fax Number

Superintendent email address: \_\_\_\_\_

Business Manager email address: \_\_\_\_\_

Foodservice Director email address: \_\_\_\_\_

AGREEMENT CONCERNING THE  
SUPERVISION OF A STUDENT TEACHER FROM  
SOUTH DAKOTA STATE UNIVERSITY

By mutual agreement between the \_\_\_\_\_ School District and the Teaching, Learning and Leadership Department at South Dakota State University, \_\_\_\_\_ 1 \_\_\_\_\_ Student Teacher(s) will be assigned to the school district for the Fall of 2016 semester.

Administrative arrangements and provisions for implementation are to be made between the Superintendent of Schools and the Head of the Teaching, Learning and Leadership department or his/her representative.

This program is to be administered under the following conditions:

1. All students participating will be seniors at South Dakota State University.
2. The students will spend full time in the teaching center for twelve weeks of the semester.
3. The student teacher is to become a part of the school and community and participate in the activities.
4. The supervisor will be expected to meet the requirements of two years of successful teaching.
5. To qualify as a training center for student teachers, the teacher, the equipment and the teaching materials must be vocationally approved by the Office of Curriculum and Career Technical Education in Pierre, Head of the Teaching, Learning and Leadership Department and the Teacher Educator participating.
6. The program will be supervised by the participating Teacher Educator in the Teaching, Learning and Leadership Department at South Dakota State University. The supervisor will visit the student teachers during their stay and help with the planning and evaluation.
7. The cooperating teacher will assume the responsibilities of assigning work, observing, supervising, keeping records and making the necessary reports to the college.
8. Payments will be made by South Dakota State University through the participating school to the supervising teacher at or near the close of each college semester in which student teachers are assigned as follows:

Cooperating Teacher .....\$200.00  
Per full time student teacher

Signed: \_\_\_\_\_  
Provost, South Dakota State University

Signed: \_\_\_\_\_  
President, Board of Education or Superintendent or School/Building Principal

## 2016-2017 School Year Iowa Open Enrollment Application

**\*Iowa Law requires an application for each child in a family requesting open enrollment to be sent to both to the resident and receiving districts on/or before deadline in order to be considered for approval.\***

**Deadline:**      **Grades 1-12, March 1, 2016**  
**Kindergarten, September 1, 2016**

1. Name of Student Derrick Larrison
2. Date of Birth: 4-2-2011
3. Grade for 2016-2017 K
4. Circle Gender: Female Male
5. Parent/Guardian Jake and Janet Larrison
6. Telephone H- 507-993-5650 W- 641-732-5856
7. Resident Address 700 Woodland Ave Riceville IA 50466 Howard  
Note: It is helpful to have more than one number. H=home W=work C=cell  
Street/Box City Zip County
8. Email Address janet.larrison@osage.k12.ia.us
9. Resident District Riceville Attendance Center Riceville Comm. School
10. District Requested Osage Attendance Center Osage Comm. School  
\*Request does not guarantee placement
11. Is this application a request to continue education in the former district of residence following a move to a new district? Circle one: Yes No Lincoln
12. Please indicate if the applicant has a sibling currently under open enrollment.  
Sibling Name: N/A District/School open enrolled: \_\_\_\_\_
13. The student will be enrolled in the following (check all that apply):  
Regular Education ☒ Special Education \_\_\_\_\_  
Home School (CPI) \_\_\_\_\_ Home School Assistance Program \_\_\_\_\_  
Dual Enrollment - Academic \_\_\_\_\_ Dual Enrollment-Activity Program \_\_\_\_\_
14. Is your child currently eligible for receiving special education services? Circle one: Yes No
15. Is your child currently being evaluated for special education services? Circle one: Yes No
16. Is your child currently receiving English Language Learning services? Circle one: Yes No
17. Is the student currently under suspension or expulsion from school? Circle one: Yes No  
If yes, when will the suspension / expulsion be complete? \_\_\_\_\_
18. This section should be completed IF the application is being filed after March 1 for grades 1-12.  
a) Change in district of residence due to: family move, change in marital status, foster care, adoption, or treatment program Date of Change \_\_\_\_\_  
b) Participation in foreign exchange program \_\_\_\_\_  
c) Failure of negotiations for reorganization or whole grade sharing \_\_\_\_\_  
d) Loss of accreditation or revocation of a private or charter school \_\_\_\_\_

## 2016-2017 School Year Iowa Open Enrollment Application

**\*Iowa Law requires an application for each child in a family requesting open enrollment to be sent to both to the resident and receiving districts on/or before deadline in order to be considered for approval.\***

**Deadline:        Grades 1-12, March 1, 2016  
Kindergarten, September 1, 2016**

1. Name of Student Dani Jo Hart                      2. Date of Birth: 8/13/11
3. Grade for 2016-2017 K                                      4. Circle Gender: (Female) Male
5. Parent/Guardian Greg & Casey Hart
6. Telephone 641-330-8409 / 563-379-3279  
Note: It is helpful to have more than one number. H=home W=work C=cell
7. Resident Address 11867 Lilac Ave Lime Springs 52155 HO  
Street/Box                      City                      Zip                      County
8. Email Address slimsauto2@gmail.com / hart.casey@mayo.edu
9. Resident District Howe Win                      Attendance Center \_\_\_\_\_
10. District Requested Riceville                      Attendance Center\* Riceville  
\*Request does not guarantee placement
11. Is this application a request to continue education in the former district of residence following a move to a new district? Circle one: Yes or No
12. Please indicate if the applicant has a sibling currently under open enrollment.  
Sibling Name: Cody Hart                      District/School open enrolled: Riceville
13. The student will be enrolled in the following (check all that apply):  
Regular Education ☒                      Special Education \_\_\_\_\_  
Home School (CPI) \_\_\_\_\_                      Home School Assistance Program \_\_\_\_\_  
Dual Enrollment - Academic \_\_\_\_\_                      Dual Enrollment-Activity Program \_\_\_\_\_
14. Is your child currently eligible for receiving special education services? Circle one: Yes or No
15. Is your child currently being evaluated for special education services? Circle one: Yes or No
16. Is your child currently receiving English Language Learning services? Circle one: Yes or No
17. Is the student currently under suspension or expulsion from school? Circle one: Yes or No  
If yes, when will the suspension / expulsion be complete? \_\_\_\_\_
18. This section should be completed IF the application is being filed after March 1 for grades 1-12.  
**Date of Change**
- a) Change in district of residence due to: family move, change in Marital status, foster care, adoption, or treatment program \_\_\_\_\_
- b) Participation in foreign exchange program \_\_\_\_\_
- c) Failure of negotiations for reorganization or whole grade sharing \_\_\_\_\_
- d) Loss of accreditation or revocation of a private or charter school \_\_\_\_\_