




Office of Accreditation
Jo Ann Malone, Ed.D.
Executive Director
Paula A. Vanderford, Ph.D.
Chief Accountability Officer

TO: School District Superintendents

FROM: Jo Ann Malone, Ed.D., Executive Director 
Office of Accreditation

SUBJECT: School Board Meeting Attendance Report

DATE: January 9, 2019

Pursuant to Miss. Code Ann. § 37-6-13, the *School Board Meeting Attendance Annual Report* is due each year.

Please complete and sign the enclosed form with the name(s) of any board member who missed twenty percent (20%) or more of the board meetings between January and December 2018. Please return the completed form to **Ken Stamps** at KStamps@mdek12.org no later than February 8, 2019 even if you have no members to report. Simply indicate this by writing “None”. The report form is also available online at <https://www.mdek12.org/Accred/index>.

As always, your cooperation and assistance are greatly appreciated. If the Office of Accreditation can be of service to you at any time, please do not hesitate to call us at (601) 359-3764.

Enclosure

Copy: File

Central High School Building
359 North West Street
P.O. Box 771
Jackson, MS 39205-0771

Phone (601) 359-3764
Fax (601) 359-1979

www.mde.k12.ms.us



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**School Board Meeting Attendance
Annual Report for 2018**

CITATION

Miss. Code Ann. § 37-6-13. Per diem allowance; expenses and mileage; meeting attendance requirements.

Subsection (2) (a) - If a member of a school board misses' twenty percent (20%) or more of the meetings of the school board during a calendar year, except for absences caused by required military duty, the member must reimburse the school district that portion of the total salary paid to the member that year which is proportionate to the number of meetings missed by the member in relation to the total number of school board meetings held during that year. For purposes of this subsection, consideration may be given only to meetings of which public notice is required.

REPORT

(Please type or print all requested information)

Name of School District _____ District Code _____

Name of School Board President _____

Name of board member (s) who missed twenty percent (20%) or more of the board meetings held during the preceding calendar year.

IF NO BOARD MEMBER MISSED 20% OR MORE OF THE MEETINGS, INDICATE THIS BY COMPLETING THE INFORMATION ABOVE, AND WRITING "NONE" ON THE FIRST LINE. PLEASE SIGN, DATE, AND RETURN THE REPORT NO LATER THAN FEBRUARY 8, 2019.

Board President Signature

Date

Email form to: KStamps@mdek12.org

**or mail form to:
Office of Accreditation
Attention: Ken Stamps
P.O. Box 771
Jackson, MS 39205-0771**

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