

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

## DISTRICT INFORMATION

If a Regional District, please list towns and grades in District:

Towns:

Grades:

If a School Union, please list the towns and grades in Union:

Towns:

Grades:

District grade configuration:

K-4    K-6    K-8    K-12    7-12    9-12    Other (*specify*):

Grade configuration within district. Please circle all that apply:

K-3 Elementary   K-5 Elementary   K-6 Elementary   4-6 Intermediate   5-8 Middle School  
6-8 Middle School   7-8 Middle School   9-12 High School   10-12 High School   Other: \_\_\_\_\_

### For the 2013 - 2014 School Year:

Total Students (Oct. 2012): \_\_\_\_\_ Total Buildings (#): \_\_\_\_\_ Total Teachers [FTE] (#): \_\_\_\_\_

Average Class Size:

Elementary: \_\_\_\_\_ Middle School : \_\_\_\_\_ High School: \_\_\_\_\_

**Program Information:** Circle yes or no and check all applicable boxes. Use additional sheets if necessary.

Full Day Kindergarten	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	<input type="checkbox"/> Grant
Before School Program	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	<input type="checkbox"/> Grant
After School Program	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	
After School Enrichment Program	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	
Gifted/Talented Program	YES	NO	<input type="checkbox"/> W/in Program	<input type="checkbox"/> After School	<input type="checkbox"/> Other	
Intramural Athletics	YES	NO	Grade Level: _____			
Evening Classes	YES	NO	<input type="checkbox"/> Students Only	<input type="checkbox"/> Adults Only	<input type="checkbox"/> Other	
Summer Programs	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	

*The following question is for MASC records only - this information will not be included in the published report.*

**Name of School District Legal Counsel:**

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

### FISCAL IMPACT

- FY10:** Override?     Yes     No    If yes, was it successful?     Yes     No
- FY11:** Override?     Yes     No    If yes, was it successful?     Yes     No
- FY12:** Override?     Yes     No    If yes, was it successful?     Yes     No
- FY13:** Override?     Yes     No    If yes, was it successful?     Yes     No
- FY14:** Override?     Yes     No    If yes, was it successful?     Yes     No

Any other Information or innovative approaches you would like to share: \_\_\_\_\_

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*If your district instituted fees during any year from above, please complete the appropriate **User Fee** portions of the survey on the following pages.*

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

## USER FEES

**Please check here if your district charges NO user fees:**

**Athletic Fee**     Yes             No

If yes, has there been a decrease in participation?     Yes     No

In what year was the athletic fee instituted? \_\_\_\_\_

If applicable, please provide the athletic fee amount for:

FY10: \$ \_\_\_\_\_ FY11: \$ \_\_\_\_\_ FY12: \$ \_\_\_\_\_ FY13: \$ \_\_\_\_\_ FY14: \$ \_\_\_\_\_

What does the fee cover?

Is the fee charged (*check all that apply*):

Per student? \$ \_\_\_\_\_     Per sport? \$ \_\_\_\_\_     Per season? \$ \_\_\_\_\_     Per family? \$ \_\_\_\_\_

Other (*specify*): \_\_\_\_\_

Is there a cap on the Athletic Fee?     Yes     No

Per student? \$ \_\_\_\_\_     Per sport? \$ \_\_\_\_\_     Per season? \$ \_\_\_\_\_     Per family? \$ \_\_\_\_\_

Other (*specify, i.e., dollar amount*): \_\_\_\_\_

How does your district identify and charge students who may have difficulty paying the fee?

**Transportation Fee**     Yes     No

If yes, has there been a decrease in participation?     Yes     No

In what year was the transportation fee instituted?

If applicable, please provide the transportation fee amount for:

FY10: \$ \_\_\_\_\_ FY11: \$ \_\_\_\_\_ FY12: \$ \_\_\_\_\_ FY13: \$ \_\_\_\_\_ FY14: \$ \_\_\_\_\_

Amount Charged:  Per Student \$ \_\_\_\_\_     Per family: \$ \_\_\_\_\_

Is there a cap per family?     Yes     No    If yes, please specify: \_\_\_\_\_

Who is charged the fee? (*i.e., High School only; inside 2-mile limit*)

How does your district identify and charge students who may have difficulty paying the fee?

How are students identified as having paid the fee?

Who collects and administers the fee?

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

### USER FEES (continued)

**Other Fee(s):** *For each fee charged, please provide the amount per student. Use a separate sheet if necessary.*

Has there been a decrease in participation?     Yes     No

If fees vary, please provide **range of lowest to highest:**

Pre School:	FY12 \$ _____	FY13 \$ _____	FY14 \$ _____
Full day Kindergarten:	FY12 \$ _____	FY13 \$ _____	FY14 \$ _____
Instrumental Music:	FY12 \$ _____	FY13 \$ _____	FY14 \$ _____
After School Program:	FY12 \$ _____	FY13 \$ _____	FY14 \$ _____
Before School Program:	FY12 \$ _____	FY13 \$ _____	FY14 \$ _____
Student Activities:	FY12 \$ _____	FY13 \$ _____	FY14 \$ _____

What does the Student Activity fee cover?

Does the District charge a fee for anything else?     Yes     No

If yes, please specify: \_\_\_\_\_

If the District does not charge a user fee, is one being contemplated?     Yes     No

If yes, in what area? \_\_\_\_\_

Add any additional information regarding fees here:

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

## DISTRICT INFORMATION TRANSPORTATION & FUNDING

### Regular Transportation

Contract buses       Own buses

**Cost:**

FY08: \$ \_\_\_\_\_

FY09: \$ \_\_\_\_\_

FY10: \$ \_\_\_\_\_

FY11: \$ \_\_\_\_\_

FY12: \$ \_\_\_\_\_

FY13: \$ \_\_\_\_\_

FY14: \$ \_\_\_\_\_

### Special Education Transportation

Contract buses       Own buses

**Cost:**

FY08: \$ \_\_\_\_\_

FY09: \$ \_\_\_\_\_

FY10: \$ \_\_\_\_\_

FY11: \$ \_\_\_\_\_

FY12: \$ \_\_\_\_\_

FY13: \$ \_\_\_\_\_

FY14: \$ \_\_\_\_\_

### Regional Schools

Actual transportation reimbursement rate:

FY10: \_\_\_\_\_ %

FY11: \_\_\_\_\_ %

FY12: \_\_\_\_\_ %

FY13: \_\_\_\_\_ %

FY14: \_\_\_\_\_ % *(anticipated)*

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

## SUPERINTENDENT

Please provide the following information for this position. Note: If your district has a different title, such as Director; Superintendent/Director, etc. please indicate the title here: \_\_\_\_\_

**Unless otherwise specified, please give the Information as of FY13**

**Date of Hire** (to this position): \_\_\_\_\_ **Number of Students:** \_\_\_\_\_

**Current Contract:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Salary:**

FY10 \$ \_\_\_\_\_ FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Is there an increase specified in the contract?**  Yes  No

If yes, please specify increase: \_\_\_\_\_

**Additional Benefits:**

Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

Benefits (specify): FY11: \_\_\_\_\_ FY12: \_\_\_\_\_

FY13: \_\_\_\_\_ FY14: \_\_\_\_\_

**Disability Insurance:**  Yes  No

(If yes) Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Annuity:**  Yes  No

(If yes) Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Health Insurance:** Paid by District?  Yes  No

(If yes) Percent paid: FY11 \_\_\_\_\_% FY12 \_\_\_\_\_% FY13 \_\_\_\_\_% FY14 \_\_\_\_\_%

**Other Insurance:** Paid by District?  Yes  No

(If yes) Specify other insurance: \_\_\_\_\_

(If yes) Percent paid: FY11 \_\_\_\_\_% FY12 \_\_\_\_\_% FY13 \_\_\_\_\_% FY14 \_\_\_\_\_%

**Vacation Days (#):** \_\_\_\_\_

**Personal Days (#):** \_\_\_\_\_

**Sick Days (#):** \_\_\_\_\_

Can be accumulated?  Yes  No

If yes, to what limit (#)? \_\_\_\_\_

**Sick Leave Buy Back?**  Yes  No

If yes, at what percent? \_\_\_\_\_%

OR what amount? \$ \_\_\_\_\_

If there are conditions, please specify below:

\_\_\_\_\_  
\_\_\_\_\_

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

## ASSISTANT SUPERINTENDENT

Please provide the following information for this position. Note: If your district has a different title for this position, please indicate the title here: \_\_\_\_\_

**Unless otherwise specified, please give the Information as of FY13**

**Date of Hire** (to this position): \_\_\_\_\_ **Number of Students:** \_\_\_\_\_

**Current Contract:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Salary:**

FY10 \$ \_\_\_\_\_ FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Is there an increase specified in the contract?**  Yes  No

If yes, please specify increase: \_\_\_\_\_

**Additional Benefits:**

Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

Benefits (specify): FY11: \_\_\_\_\_ FY12: \_\_\_\_\_

FY13: \_\_\_\_\_ FY14: \_\_\_\_\_

**Disability Insurance:**  Yes  No

(If yes) Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Annuity:**  Yes  No

(If yes) Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Health Insurance:** Paid by District?  Yes  No

(If yes) Percent paid: FY11 \_\_\_\_\_% FY12 \_\_\_\_\_% FY13 \_\_\_\_\_% FY14 \_\_\_\_\_%

**Other Insurance:** Paid by District?  Yes  No

(If yes) Specify other insurance: \_\_\_\_\_

(If yes) Percent paid: FY11 \_\_\_\_\_% FY12 \_\_\_\_\_% FY13 \_\_\_\_\_% FY14 \_\_\_\_\_%

**Vacation Days (#):** \_\_\_\_\_

**Personal Days (#):** \_\_\_\_\_

**Sick Days (#):** \_\_\_\_\_

Can be accumulated?  Yes  No

If yes, to what limit (#)? \_\_\_\_\_

**Sick Leave Buy Back?**  Yes  No

If yes, at what percent? \_\_\_\_\_%

OR what amount? \$ \_\_\_\_\_

If there are conditions, please specify below:

\_\_\_\_\_  
\_\_\_\_\_

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

**BUSINESS MANAGER**

- Director of Finance       Director of Business  
 Director of Operations       Assistant Superintendent for Business  
 Other Title (please specify) \_\_\_\_\_

**Total School Budget:**

FY2009 (actual) \$ \_\_\_\_\_ FY2012 (actual) \$ \_\_\_\_\_  
FY2010 (actual) \$ \_\_\_\_\_ FY2013 (actual) \$ \_\_\_\_\_  
FY2011 (actual) \$ \_\_\_\_\_ FY2014 (proposed) \$ \_\_\_\_\_

**Date of Hire (to this position):** \_\_\_\_\_ **Number of Students:** \_\_\_\_\_

**Current Contract:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Salary:**

FY10 \$ \_\_\_\_\_ FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Is there an increase specified in the contract?**  Yes  No

If yes, please specify increase: \_\_\_\_\_

**Additional Benefits:**

Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_  
Benefits (specify): FY11: \_\_\_\_\_ FY12: \_\_\_\_\_  
FY13: \_\_\_\_\_ FY14: \_\_\_\_\_

**Disability Insurance:**  Yes  No

(If yes) Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Annuity:**  Yes  No

(If yes) Amount: FY11 \$ \_\_\_\_\_ FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

**Health Insurance:** Paid by District?  Yes  No

(If yes) Percent paid: FY11 \_\_\_\_\_% FY12 \_\_\_\_\_% FY13 \_\_\_\_\_% FY14 \_\_\_\_\_%

**Other Insurance:** Paid by District?  Yes  No

(If yes) Specify other insurance: \_\_\_\_\_

(If yes) Percent paid: FY11 \_\_\_\_\_% FY12 \_\_\_\_\_% FY13 \_\_\_\_\_% FY14 \_\_\_\_\_%

**Vacation Days (#):** \_\_\_\_\_

**Sick Leave Buy Back?**  Yes  No

**Personal Days (#):** \_\_\_\_\_

If yes, at what percent? \_\_\_\_\_%

**Sick Days (#):** \_\_\_\_\_

OR what amount? \$ \_\_\_\_\_

Can be accumulated?  Yes  No

If there are conditions, please specify below:

If yes, to what limit (#)? \_\_\_\_\_





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

## CITY OR TOWN SCHOOL COMMITTEE

Number of members: \_\_\_\_\_ Appointed: \_\_\_\_\_ Elected: \_\_\_\_\_

What is the term for School Committee members?

1 year  2 years  3 years  4 years  Other (specify): \_\_\_\_\_

What month are elections held? \_\_\_\_\_ Are the terms staggered?  Yes  No

How many School Committee seats are on the ballot at each election? \_\_\_\_\_

How are members elected?  At Large  By Ward  By Precinct

Is the Mayor a member of the School Committee?  Yes  No

If yes, is he/she the Chair of the School Committee?  Yes  No

If the Mayor is School Committee Chair, does he/she preside over the meetings?  Yes  No

If No, who presides? \_\_\_\_\_

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

## ACADEMIC OR VOCATIONAL REGIONAL SCHOOL COMMITTEE

Grade configuration of Region?: \_\_\_\_\_

Academic Region       Vocational Region      Number of Members: \_\_\_\_\_

What is the term for School Committee members?

1 year     2 years     3 years     4 years     Other (specify): \_\_\_\_\_

List the towns in the school district and number of members from each (*Attach an additional sheet, if necessary*):

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

Town: \_\_\_\_\_ Members (#): \_\_\_\_\_

How are the school committee members chosen from town?       Elected       Appointed

If appointed, by whom? \_\_\_\_\_

When are appointments made (*i.e., Spring, Fall, May, etc.*)? \_\_\_\_\_

If elected, by what method? (*Please check appropriate method*)

District-wide at biennial election

By town with number of representatives per town apportioned according to population

District-wide with residency requirements at biennial election

Is the vote of each representative weighted by town population?     Yes     No

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

### SCHOOL COMMITTEE COMPENSATION / BENEFITS

Is the Committee compensated?  Yes  No

If yes, what amount: FY11 \$\_\_\_\_\_ FY12 \$\_\_\_\_\_ FY13 \$\_\_\_\_\_ FY14 \$\_\_\_\_\_

Is there an additional stipend for the Chair?  Yes  No

If yes, what amount: FY11 \$\_\_\_\_\_ FY12 \$\_\_\_\_\_ FY13 \$\_\_\_\_\_ FY14 \$\_\_\_\_\_

*Check off any benefits the school committee receives, and (if applicable) the percent paid by the district:*

- |                                           |                                           |                                            |                                                 |
|-------------------------------------------|-------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Optical Insurance | <input type="checkbox"/> Other (specify): _____ |
| FY11 _____%                               | FY11 _____%                               | FY11 _____%                                | FY11 _____%                                     |
| FY12 _____%                               | FY12 _____%                               | FY12 _____%                                | FY12 _____%                                     |
| FY13 _____%                               | FY13 _____%                               | FY13 _____%                                | FY13 _____%                                     |

### Academic and/or Vocational Regional Schools

Is the Committee compensated?  Yes  No

If yes, what amount: FY11 \$\_\_\_\_\_ FY12 \$\_\_\_\_\_ FY13 \$\_\_\_\_\_ FY14 \$\_\_\_\_\_

(If yes) The stipend is paid by:  The District  The Town  Other (specify): \_\_\_\_\_

Is there an additional stipend for the Chair?  Yes  No

If yes, what amount: FY11 \$\_\_\_\_\_ FY12 \$\_\_\_\_\_ FY13 \$\_\_\_\_\_ FY14 \$\_\_\_\_\_

*Check off any benefits the school committee receives, and (if applicable) the percent paid by the district:*

- |                                           |                                           |                                            |                                                 |
|-------------------------------------------|-------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Optical Insurance | <input type="checkbox"/> Other (specify): _____ |
| FY11 _____%                               | FY11 _____%                               | FY11 _____%                                | FY11 _____%                                     |
| FY12 _____%                               | FY12 _____%                               | FY12 _____%                                | FY12 _____%                                     |
| FY13 _____%                               | FY13 _____%                               | FY13 _____%                                | FY13 _____%                                     |

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

### TEACHERS

#### Contract

Length of teacher contract: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contracted increase in: \_\_\_\_\_ Number of steps in contract: \_\_\_\_\_

Year 1 \_\_\_\_\_%

Year 2 \_\_\_\_\_%

Year 3 \_\_\_\_\_%

Who is covered under the teachers' contract?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### School Nurses:

- On Teachers' pay scale, but not included in contract
- Included in Teachers' contract
- Have separate contract

#### Benefits Offered

Please check the benefits offered for each given year below; provide amount (or percent) paid by the district and list other benefits where appropriate.

	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
Health Insurance	<input type="checkbox"/> _____ Paid by District	_____ Paid by District	_____ Paid by District
Dental Insurance	<input type="checkbox"/> _____ Paid by District	_____ Paid by District	_____ Paid by District
Optical Insurance	<input type="checkbox"/> _____ Paid by District	_____ Paid by District	_____ Paid by District
Tuition	<input type="checkbox"/> _____ Paid by District	_____ Paid by District	_____ Paid by District
Longevity	<input type="checkbox"/>	..... _____	
Sick Leave Buy Back	<input type="checkbox"/>	..... _____	
Other	<input type="checkbox"/> Specify	Specify	Specify

Does your district pay additional compensation (e.g., Master Teachers)?  Yes (specify below)  No

Function: \_\_\_\_\_

Additional Compensation: FY12 \$ \_\_\_\_\_ FY13 \$ \_\_\_\_\_ FY14 \$ \_\_\_\_\_

Is this specified in the contract?  Yes  No

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

### CENTRAL OFFICE STAFF

Administrative Assistant to the Superintendent     Other title (specify): \_\_\_\_\_

Full Time     Part Time    If Part time, hours per week: \_\_\_\_\_     Other: \_\_\_\_\_

Individual contract:     Yes     No    Union contract:     Yes     No

If union contract, please specify which union: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_    End Date: \_\_\_\_\_    Years in position: \_\_\_\_\_    Work Year (months): \_\_\_\_\_

Compensation (check all that apply and specify amounts):

Hourly (if yes) Rate per hour: \$ \_\_\_\_\_

Salary: (if yes) FY11: \$ \_\_\_\_\_    FY12: \$ \_\_\_\_\_    FY13: \$ \_\_\_\_\_    FY14: \$ \_\_\_\_\_

Other (if yes) Specify: \_\_\_\_\_

School Committee Meetings:     Included     At additional pay

Please specify if School Committee meetings are done by another position, at additional pay, etc: \_\_\_\_\_

Vacation days (#): \_\_\_\_\_    Paid holidays (#): \_\_\_\_\_    Personal days (#): \_\_\_\_\_

Sick days (#): \_\_\_\_\_    Accumulate?     Yes     No    If yes, limit? \_\_\_\_\_

Sick Leave Buy Back:     Yes (specify details below)     No

Amount (\$): \_\_\_\_\_    Days (#): \_\_\_\_\_

Other requirements/restrictions, if applicable: \_\_\_\_\_

Longevity:     Yes     No    If yes, specify amount (\$): \_\_\_\_\_    After how many years (#)? \_\_\_\_\_

Other compensation type (e.g., comp. time for evening meetings): \_\_\_\_\_

Amount (\$): \_\_\_\_\_

EPIMS/CORI Compensation:     Yes     No

EPIMS done by other person/department?     Yes     No    If yes, specify: \_\_\_\_\_

CORI done by other person and/or Department?     Yes     No    If yes, specify: \_\_\_\_\_

Building Rental:     Handled by you     Handled by another person or department

If by someone else, enter title and/or department: \_\_\_\_\_

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

## BUILDING FEES

Does the district charge for the use of the building?     Yes     No

If yes, what fee is charged? \_\_\_\_\_

\_\_\_\_\_

Do the fees vary by type of event? (e.g., if food is served, is the fee different?)     Yes     No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do the fees vary by type of group? (e.g., residents/non-resident, non-profit/for-profit, etc.)     Yes     No

If yes, which groups are fees reduced for? \_\_\_\_\_

\_\_\_\_\_

If yes, which groups are fees waived for? \_\_\_\_\_

\_\_\_\_\_

How much of the fee pays the custodians? \_\_\_\_\_

Is there a contractual obligation regarding custodians and user fees?     Yes     No

\_\_\_\_\_

### Optional:

Include any other information on building fees below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## ADDITIONAL INFORMATION

How many days does your district provide per year for professional development?

Full days (#) \_\_\_\_\_      Half days (#) \_\_\_\_\_

2013 – 2014 School Year Dates:

Teacher Start Date: \_\_\_\_\_      Teacher End Date: \_\_\_\_\_

Student Start Date: \_\_\_\_\_      Student End Date: \_\_\_\_\_

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

**Add any additional notes or information you would like to share below:**

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