

Madison Central School  
2016-2017  
Revenues Anticipated

9/19/2016

		Estimated Revenues 2016-2017	Received To date	(Shortfall) Overage To date
1001	Real Property Taxes	2,539,097.00	-	(2,539,097.00)
1083	E-ON - Windmills	82,000.00	-	(82,000.00)
1085	STAR Reimbursement	593,000.00	-	(593,000.00)
1090	Interest and Penalties	3,800.00	-	(3,800.00)
1311	Tuition From Individuals	2,000.00	550.00	(1,450.00)
1335	Other Student fees	-	2,149.00	2,149.00
1410	Admissions	-	-	-
2230	Tuition Other Districts	23,000.00	19,397.17	(3,602.83)
2401	Interest and Earnings	3,000.00	351.02	(2,648.98)
2401.001	Interest- Capital Reserve	-	155.51	155.51
2401.002	Interest - Unemployment Reserv	-	6.69	6.69
2650	Sale of Scrap & Exess Materials	-	-	-
2666	Sale of Trans Equipment	-	-	-
2680	Insurance Recoveries	-	-	-
2690	Comp for Loss	-	155.25	155.25
2700	Medicare Part D	25,000.00	10,133.92	(14,866.08)
2701	Refunds of Prior year BOCES	32,000.00	-	(32,000.00)
2702	Refund of Transportation	-	-	-
2703	Refund Prior Year - Misc	-	35.00	35.00
2705	Gifts and Donations	-	5.40	5.40
2725	VLT / Tribal Compact	-	-	-
2770	Unclassified Revenues	4,000.00	219.13	(3,780.87)
2770.002	Prior Year E-Rate Refund	3,000.00	-	(3,000.00)
2801	Interfund Revenues	-	-	-
2801.862	Liability Reserv	174,979.00	-	(174,979.00)
2801.864	Tax Certiorari Reserve	-	-	-
3101	NYS - General Aid	4,035,707.00	-	(4,035,707.00)
3101 001	NYS - Excess Cost Aid	495,000.00	-	(495,000.00)
3102	Lottery Aid	540,000.00	-	(540,000.00)
3102.001	VLT Lottery Aid	320,000.00	-	(320,000.00)
3102.002	COG GRNT - Commercial Gam	-	-	-
3103	BOCES Aid	623,362.00	-	(623,362.00)
3260	Textbook Aid	25,939.00	-	(25,939.00)
3262	Computer Software Aid	6,206.00	-	(6,206.00)
3262.001	Computer Hardware Aid	8,410.00	-	(8,410.00)
3263	Library Aid	3,250.00	-	(3,250.00)
3289	Other State Aid	-	-	-
4601	Medicaid Assistance	-	-	-
5031	Interfund Transfers	4,903.00	-	(4,903.00)
5050	Interfund Transfers Debt Service	225,000.00	-	(225,000.00)
	Carry over p.o. funds	290,012.00	-	(290,012.00)
	Designated Fund Balance	150,000.00	-	(150,000.00)
	Undesignated Fund Balance	-	-	-
		10,212,665.00	33,158.09	(10,029,506.91)
				#1

#1 - Funds not received as of date.

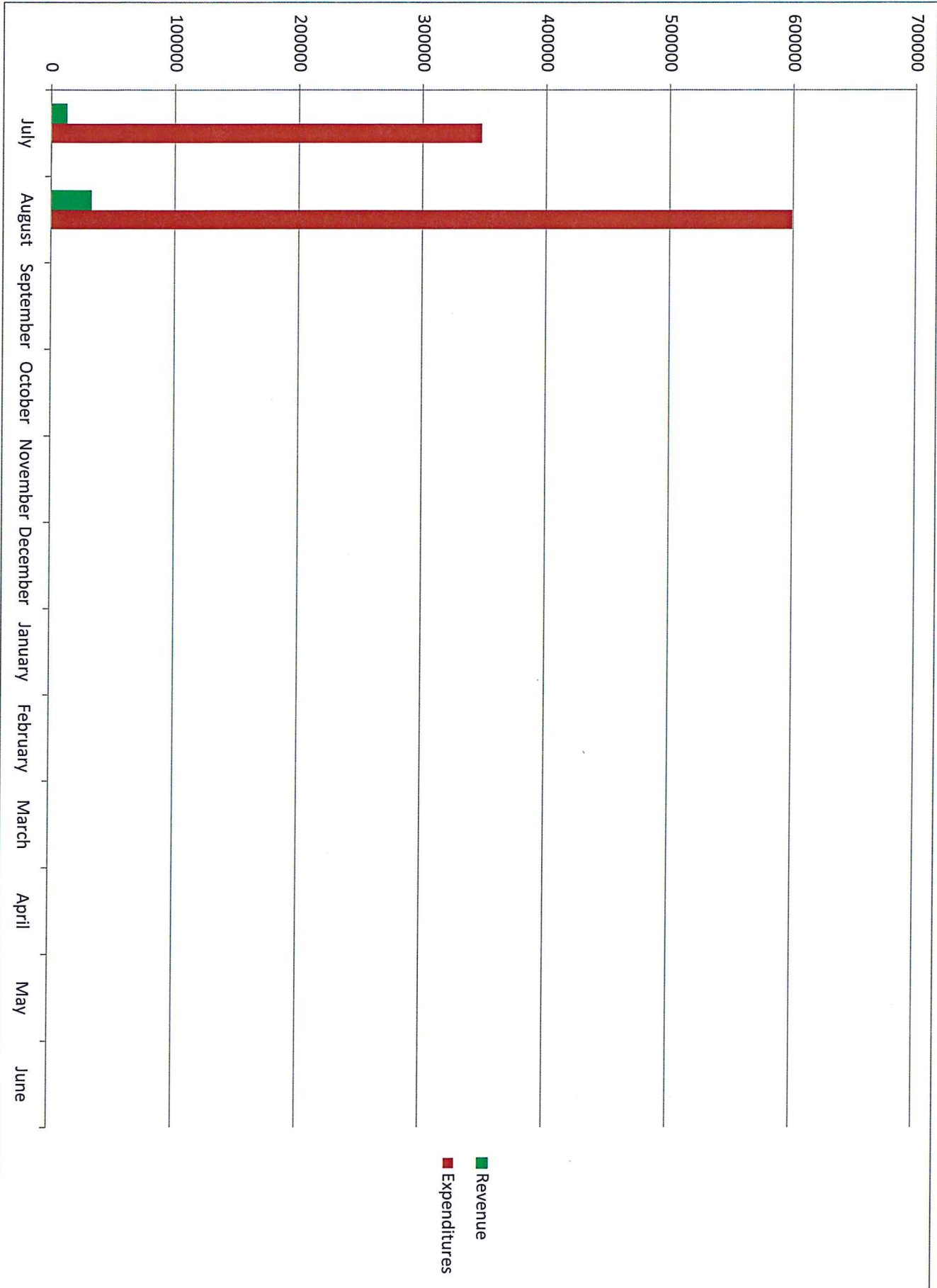
Received to date revenues	\$ 33,158.09
Anticipated Expenditures to date	\$ 8,671,558.48
Difference between expended to date and received to date revenues	(8,638,400.39)

Expenditures  
MAJOR BUDGET CATEGORIES  
=====

	End Of Year 2015-2016	Adjusted Budget 2016-2017	Expected Fund Balance 6/30/2017
Board Of Education	9,055	7,919	(536)
Central Administration	157,084	160,861	3,210
Finance	169,438	173,143	5,160
Staff	51,155	40,860	-
Central Services	641,922	573,783	149,305
Special Items	118,075	123,667	11,860
GENERAL SUPPORT	1,146,729	1,080,233	169,000
Instruction, Admin. & Improv.	225,894	234,967	760
Teaching-Regular School	2,071,239	2,112,942	1,847,054
Special Programs	1,075,774	1,185,122	419,846
Occupational Education	329,497	315,026	100,378
Teaching-Special Schools	240,364	183,991	50,713
Instructional Media	179,080	161,363	87,113
Pupil Services	287,664	299,216	171,617
INSTRUCTION	4,409,512	4,492,627	2,677,480
PUPIL TRANSPORTATION	591,344	667,338	294,086
COMMUNITY SERVICE	-	-	-
Employee Benefits	2,654,826	2,929,424	2,604,485
Debt Service	983,093	1,043,043	36,401
Interfund Trx	4,744	-	-
UNDISTRIBUTED	3,642,663	3,972,467	2,640,886
TOTAL GENERAL FUND	9,790,250	10,212,665	5,781,452

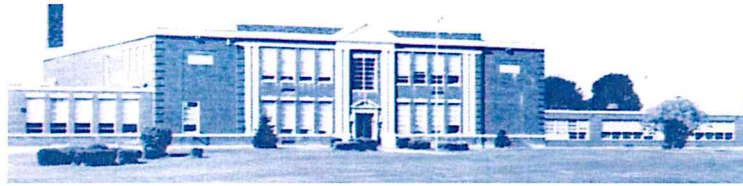
#1 = Budget approval of \$9,922,653 + carry over purchase orders of \$290,012.00 from 2015-2016 school year (encumbrance)

#2 = Not all salaries and debt service are encumbered  
Madison Central School District



**Board of Education**

**Steven Yancey**  
President  
**Jona Snyder**  
Vice President  
**Tobias Abrams**  
**Mary Bartlett-Linden**  
**Beverly Biedermann**  
**Stephanie Clark-Tanner**  
**Laurie Zbock**



**Madison Central School District**  
7303 Route 20, Madison, New York 13402  
Phone: (315) 893-1878  
Fax: (315) 893-7111

**Perry T. Dewey**  
Superintendent  
**Larry Nichols**  
Building Principal  
**Brian Latella**  
Elementary Principal  
**Melanie Brouillette**  
Treasurer  
**Tracey Lewis**  
District Clerk

To: Board of Education

From: Melanie Brouillette *Mel*

I am requesting that the Board of Education surplus the following books:

Atlas of U.S. History - copyright 1984 - 9 copies

Physics Principles and problems- 0-02-825473-2 - copyright 1999 - 14 copies

Science - 0-02-2800387/5 - copyright 2002 - 26 copies

Horizons - 0-15-324809-2 - copyright 2003 - 45 copies

Math Connects - 978-0-02-107492-1 - copyright 2009 - 33 copies

Time Life - Library of America - 1 set - OLD

We The People - 0-89818-169-0 - copyright 2003 - 28 copies

Men and Women Who Made America Great - 0-8445-6588-1 - copyright 1979  
7 copies

Strategies To Achieve Reading Success Book 6 - 0-7609-0701-3 - 46 copies



# **Extra-Classroom Activity Overnight Trip Approval Form**

## **MUST BE APPROVED BY THE BOARD OF EDUCATION**

Activity: National FFA Convention

Date of Trip: 10/18/2016 – 10/23/2016

Trip Destination: Indianapolis, IN  
(attach touring company proposal – need amounts and dates payments are due)

**Trip Description and Events Attending While on Trip:**

10/18/16 - Cleveland Museum of natural History – tour stop on way to Indianapolis  
10/19/16 - Fair Oaks Farm – Agricultural Tourism Visit in Indiana  
10/19/16 - National FFA Convention Opening Session 1A – Speaker Diana Nyad  
10/19/16 – National FFA Convention Concert @ Lucas Oil Stadium  
10/20/16 – National FFA Convention, Indianapolis, IN  
10/21/16 – National FFA Convention Session 4 – Speaker Jason Brown  
10/21/16 – National FFA Convention Rodeo @ Indianapolis State Fair  
10/22/16 – Indianapolis Motor Speedway Museum  
10/22/16 – National FFA Convention – Final Session and return to New York

Number of Students Attending: 7

Expected Cost Per Student: \$500.00

Chaperones: 1 – Paul Perry

Expected Cost Per Chaperone: \$600.00

Expected Out of Pocket Expenses Per Student: \$50.00

Expected Out of Pocket Expenses Per Chaperone: \$50.00

**Fundraising Activities Planned and Expected Revenue from each Fundraiser:**

Students have already raised money that will be used for this trip into their “FFA Thrift” accounts by: commission on prior year fruit sales, parking cars during antique week and selling ice cream sandwiches and water during antique week. Since this is an annual trip, many students plan on the trip and budget/ fundraise for it during the year.

Board of Education Approval Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_



89th National FFA Convention & Expo • Oct. 19-22, 2016 • Indianapolis

# TRANSFORM

PURPOSE TO ACTION

**FFA**

## National FFA Convention

**EDUCATIONAL**  
Affordable

**Wednesday  
Morning  
Arrival  
For  
National  
CDE Teams**

**Tour  
CLEVELAND  
MUSEUM OF  
NATURAL  
HISTORY**

# Student Packet

**Fair Oaks  
Farm  
Adventure  
and Indy  
Speedway**

**World's  
Toughest  
Rodeo!**

- Includes 9 meals and 3 tours
- Busing, lodging, and admission to Convention

*In Concert:*

***Cole Swindell and Chris Young* with special guests *The Henningsens***  
**Concert (\$35 value) AND Rodeo tickets INCLUDED in registration !**





89th National FFA Convention & Expo • Oct. 19-22, 2016 • Indianapolis

# TRANSFORM

PURPOSE TO ACTION

Travel Itinerary – Tentative schedule (schedule subject to change as determined by FFA advisors and trip administrator)

Tuesday, October 18, 2016

- 4:30 AM Busses # 1 and # 2 -- Depart V.V.S.
- 5:15 AM Depart Syracuse (Exit 36) (Other NYS Thruway stops as scheduled)
- 7:00 AM Pickup at Batavia Exit # 48 – hotel straight ahead at Quality Inn parking
- 8:30 AM Breakfast on your own / bathroom break – Angola Travel Plaza – driver switch
- 9:30 AM Depart Angola Travel Stop
- 11:30 AM **Cleveland Museum of Natural History** 1 Wade Oval Drive University Circle Cleveland OH  
For nearly 100 years, the Cleveland Museum of Natural History has been recognized as a global leader in scientific research. With vast collections containing more than five million research specimens and artifacts, it is Ohio's largest museum devoted to the natural sciences and one of the top 10 natural history museums in the United States. The Museum's renowned curators conduct world-class research around the globe and advance the frontiers of scientific knowledge by making groundbreaking discoveries in the field and contributing research to top peer-reviewed journals and publications.  
<http://www.cmnh.org/site/AtTheMuseum/OnExhibit/PermanentExhibits.aspx>
- Snacks / light lunch on your own, bathroom break during stop
- 2:00 PM Depart Cleveland
- 5:00 PM Arrive Columbus , OH – Dinner Buffet, Paid Meal
- 6:00 PM Depart Columbus
- 9:00 PM Country Inn & Suites By Carlson, Indy**  
5630 Flight School Dr, Indianapolis, IN 46221 Phone: 317-821-1100

Wednesday, October 19, 2016

- 6:00 AM Continental Breakfast @ Hotel -- <https://www.countryinns.com/feature.do?feature=breakfast>
- 7:00 AM Busses Depart hotel

9:00 AM (Eastern Time) **Fair Oaks Farm Adventure** 856 N 600 E, Fair Oaks, IN 47943  
Visit Fair Oaks Farms with mind-blowing and entertaining interactive exhibits. Experience agriculture in a whole new way by taking a break in the country. Learn and play in our activity centers. Absorb the farming lifestyle at our modern working farms in the air-conditioned comfort of our farm buses. Sample our award-winning cheeses. Witness the miracle of life at our birthing facilities. But it doesn't stop there! Travel to our newest destination: The Pig Adventure and expose yourself to the captivating life of a pig. With state-of-the-art technology, this attraction is sure to make your group squeal with excitement!



In 2014, Brown's farm yielded 120,000 pounds of sweet potatoes, which were given to food pantries and churches throughout the Triangle area in North Carolina. Brown has also founded a Christian ministry, "Wisdom for Life."

Lunch on your own at Convention

4:30 PM Depart Convention for Indiana State Fair –  
INDIANA FARMERS COLISEUM –



## World's Toughest Rodeo

8:30 PM Depart Indiana Fair

9:00 PM – *Hot Tub, Pool, and Pizza Party* @ the Hotel  
10:45 PM

11:15 PM Curfew

### Saturday, October 22, 2016

Continental Breakfast @ Hotel

8:30 AM Depart hotel

## 9:00 AM Indianapolis Motor Speedway Museum

The Indianapolis Motor Speedway Museum, located five miles northwest of downtown Indianapolis on the grounds of "The Greatest Race Course in the World," and is recognized as one of the most highly visible museums in the world devoted to automobiles and auto racing. In 1987, the Speedway grounds were honored with the designation of National Historic Landmark.

Weather permitting – live racing on-track experiences may be viewed from infield at museum.

11:30 AM – return to Convention

Closing Programs and announcement of 2016-2017 National FFA Officer Team

3:00 PM Depart Convention

6:30 PM Dinner on Your Own (Trip will provide \$5 toward scheduled meal stop at fast-food area)

Stops through the Night

### Sunday, October 23, 2016

3:15 AM	Return	Batavia
5:00 AM	Return	Syracuse (Thruway Exit 36)
6:00 AM	Return	VVS



# National FFA Convention Trip – Registration Form

October 18 – 23, 2016

Trip registration includes bussing on motor coach, National FFA Convention registration fee (\$50), hotel accommodations (4 nights) as specified, tours of Cleveland Museum of Natural History,

**Fair Oaks Farm Adventure** and **Indianapolis Motor Speedway Museum**, 9 meals (4 continental breakfasts at hotel, 3 all-you-can-eat buffet

lunch/dinner, 1 pizza party, and \$5 cash for last stop at fast foods) **World's Toughest**

**Rodeo** AND concert ticket to **Cole Swindell and Chris Young** with special guests **The Henningsens!** Yes, concert and rodeo tickets are INCLUDED! See trip itinerary for detailed schedule.

Student Trip Fee: \$ 500 (4-5 students to a room)

Adult Chaperone / Advisor: \$ 600 (2 people to a room)

Guaranteed seating has been reserved by school; all others placed on waiting list.

Payment in Full by September 16<sup>th</sup>. No Refunds will be issued.

Registrations in order of receipt of payment and registration form.

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## National FFA Convention Trip -- Student / Advisor / Chaperone Registration

Name: \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Female / Male (circle)

School / FFA Chapter: \_\_\_\_\_

Trip costs: (Students -- \$ 500    Adults / Chaperones -- \$ 600) \_\_\_\_\_

Total Cost: \_\_\_\_\_

Method of Payment:     Personal Check     School Check     Cashier's Check    DO NOT SEND CASH.

Make all checks Payable to: "VVS FFA Alumni National FFA Convention Account"

Send all checks and registration forms to: V.V.S. FFA, 5275 State Route 31, Verona, NY 13478

FFA Advisors: Please complete the following for each attendee:

- A. Convention Registration form (this form – to reserve a seat, submit with full payment – first come, first served)
- B. Permission Waiver / Rules form (signed by yourself, your parents, your FFA advisor, and a school administrator)
- C. National FFA Personal Conduct Agreement (2 pages)
- D. National FFA Parental Consent Form (2 pages)
- E. Medical Release form (attached last in packet)

**ALL FORMS A – E MUST BE COMPLETED**  
**AND SUBMITTED BY SEPTEMBER 23<sup>RD</sup>!**



National FFA Convention Trip – Rules, Agreement, Permission  
October 18 – 23, 2016

New York FFA National FFA Convention Trip Rules:

1. Abide by the Personal Conduct Agreement as set forth by National FFA at all times while on this trip.
1. FFA Official Dress at all times at the National Convention. FFA Jacket at all tour stops.
2. All School rules apply to this trip.
3. NO USE of ALCOHOL, TOBACCO or TOBACCO Products AT ANY TIME on this trip.
4. NO fireworks purchase or possession at any time.
5. All participants in designated hotel rooms before specified curfew time.
6. NO visitations between hotel rooms after curfew.
7. RESPECT the rights of other hotel guests while in the hotel. NO LOUD NOISES or INAPPROPRIATE LANGUAGE.
8. Recognition and Respect of the authority of all FFA advisors, Group Leaders, and Adult Chaperones.

Student's Agreement:

I understand the rules as set forth by the National FFA and the New York FFA National FFA Convention Trip and agree to abide by these rules at all times while on this trip. I further understand that my failure to abide by these rules or failure to comply with reasonable directions of the supervising adults SHALL RESULT in the FORFEITURE of my trip and any trip fees I have paid AND removal from the trip by BEING SENT HOME at MY OWN OR MY PARENT'S EXPENSE. I understand that my agreement to these terms and signature below represents a BINDING CONTRACT.

\_\_\_\_\_  
Printed Name (Participant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent's Agreement:

I understand that failure of my child to comply with the National FFA and the New York FFA District V Trip rules as written and provided in this document SHALL RESULT in the FORFEITURE of this trip, loss of any and all remaining fees associated with this trip AND REMOVAL from the trip AT THE EXPENSE OF THE STUDENT OR PARENT.

\_\_\_\_\_  
Printed Name (Parent/Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FFA Advisor's Check off and Agreement:

I verify that the following have been completed: (Check all that apply)

- A.) Student Information / Medical Release Form (Completed and Signed by Parent)
- B.) Trip Rules, Agreement, and Permission (This form -- Signed by Student and Parent)
- C.) Payment for this student has been sent prior to the specified due dates or in accordance with arrangements made with the trip coordinator.

I, FFA Advisor to \_\_\_\_\_ (student's name) give my PERSONAL RECOMMENDATION for this student to attend the National FFA Convention.

\_\_\_\_\_  
FFA Advisor's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, as school administrator of the above student, give my PERSONAL APPROVAL for this student to attend the National FFA Convention.

\_\_\_\_\_  
Superintendent / Principal (circle)  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ALL PARTS OF THIS FORM MUST BE COMPLETED AND FORWARDED TO THE TRIP COORDINATOR BY THE SPECIFIED DUE DATES OR PRIOR TO BOARDING THE BUS.





NATIONAL  
FFA ORGANIZATION

## Personal Conduct Agreement

### *General Behavioral Expectations for the National FFA Convention & Expo*

While participating in the National FFA Convention & Expo, managed by National FFA Organization ("FFA"), a participant not only represents FFA but also the United States of America. FFA has, therefore, established certain behavioral expectations that must be observed by all participants to maintain good standing with FFA and participation in these programs.

All participants in National FFA Convention & Expo are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. **In addition, participants are prohibited from consuming alcoholic beverages. You must abide by all rules and regulations established by FFA for participation in the National FFA Convention & Expo.**

**FFA reserves the right to immediately terminate from the convention any participant who is found to have violated these behavioral expectations. Students terminated from the convention will be sent home at their own expense and will be responsible for all other expenses associated with their termination.**

#### AGREEMENT

In exchange for my being allowed to participate in National FFA Convention & Expo programs, I, and if I am not yet 21 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by the behavioral expectations set forth above and each of the following:

1. I agree to participate in FFA's National FFA Convention & Expo according to the guidelines set forth in this Personal Conduct Agreement and other applicable FFA publications.
2. I understand that FFA reserves the right and I agree that FFA has the right to immediately terminate my participation in the National FFA Convention & Expo at the sole discretion of FFA, through its representatives, if I (a) engage in behavior that is unsafe, irresponsible, illegal, or otherwise contrary to FFA policy as expressed above or (b) consume alcohol, use drugs, or use tobacco products or (c) reside in a member of the opposite sex's room.
3. I further understand and agree that if my participation in the National FFA Convention & Expo is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including my travel expenses.
4. I agree to allow FFA and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if FFA reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable FFA publications.

By signing below, I acknowledge that I have read this Personal Conduct Agreement, understand the behavioral expectations of the National FFA Convention & Expo, agree to abide by those behavioral expectations, and agree to each of the above paragraphs.

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Printed Name (Participant)

---

Signature

---

Date





# 2016 National FFA Convention & Expo Parental Consent Form

Duplicate this form for each student.

This form can be used by the chapter and or school in granting permission for students to attend the national FFA convention & expo. In case of emergency, we encourage students to carry this form with them at all times during the national convention.

I, \_\_\_\_\_  
(name of parent/guardian)

of \_\_\_\_\_ hereby authorize in  
(address, city, state, zip)

advance any necessary medical treatment required by \_\_\_\_\_  
(student's name)

while he/she is participating the national FFA convention from \_\_\_\_\_  
(start date to end date)

Parent/Guardian's: \_\_\_\_\_  
(signature) (print name)

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

In emergency contact: \_\_\_\_\_  
(name) (relationship to student)

\_\_\_\_\_  
(phone number)

## Notary Information

State of \_\_\_\_\_ Notary's Signature \_\_\_\_\_

County of \_\_\_\_\_ Notary's Name (printed) \_\_\_\_\_

Date \_\_\_\_\_ Commission Expires \_\_\_\_\_



National FFA Convention Trip -- Student Information / Medical Release

Student's Name: \_\_\_\_\_ School ID #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

School Name: \_\_\_\_\_ FFA Chapter: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Emergency Contact #1—Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact # 2—Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

FFA Advisor: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_ School: \_\_\_\_\_

Medical Insurance:

Name of Policy Holder: \_\_\_\_\_ Member ID # \_\_\_\_\_

Primary Health Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Health Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Health History (To be completed by parent / guardian) Check all that apply:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Heart Defect      | <input type="checkbox"/> Epilepsy      |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Sleep walking   | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Respiratory   |
| <input type="checkbox"/> Convulsions    | <input type="checkbox"/> Headaches       | <input type="checkbox"/> Psychiatric Diag. | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Back Problems  | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Eating Disorder   | <input type="checkbox"/> Eyewear       |

Any allergies (please specify): \_\_\_\_\_

Other Medical (please specify): \_\_\_\_\_

Medications (List name, dosage, and reason for taking): \_\_\_\_\_

(All prescribed medications MUST be in their original container with an intact prescription label with pharmacy information)

Medical Consent --

I hereby state that the health history is correct and that the herein described student has my permission to participate in this trip.

I hereby authorize KEITH SCHIEBEL or \_\_\_\_\_ (Advisor's Name / trip chaperone)

to have FULL CUSTODY AND AUTHORITY for \_\_\_\_\_ (Student's name)  
the period of October 18, 2016 to October 23, 2016, This authority shall include the Right to Authorize medical and / or  
hospital care as may be necessary to the health and well being of this student.

Signed by Parent /Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_