Jackson County School District

Regular Meeting
Monday, December 14, 2026 - 5:00 PM
Our District Office Board Room
4700 Colonel Vickrey
VANCLEAVE, MS 39565

Jackson County School District
Strategic Plan Goals
1. Decreased Safety Incidents 2. Increased Student Achievement 3. Sound Financial Management
4. Improved Facilities and Infrastructure
5. Positive Educational Experience 6. Effective Leadership

In Progress

AGENDA

1. Call to Order
2. Invocation
3. Pledge
4. **Election of Board Officers**
5. Swearing in of New Board Member Stefanie Moran
6. **Approve Consent Agenda Items**
7. **Approve Consent Agenda**
8. **Approve Agenda**
9. **Minutes**
10. **Superintendent of Education**
    - A. Acknowledgements and Announcements
        1. East Central Attendance Center
        2. St. Martin Attendance Center
        3. Vancleave Attendance Center
    - B. Public Comments
    - C. f.y.i. Construction Update- Machado|Patano
    - D. **Financial Management**
    - E. **Human Resources and Risk Management**
    - F. Policies
    - G. **Curriculum and Instruction**
        1. **Curriculum**
        2. **Special Education**
        3. **Student Services/Federal Programs**
            - A. f.y.i. Monthly School Improvement Board Reports for ATSI Schools: SMEE, SMUE, and SMMS
        4. **Career and Technology**
    - H. **Operations and Support**
        1. **Operations**
        2. **Information Technology**
        3. **Food Services**
    - I. **16th Section Leases**
        1. f.y.i. Past Due Leases
    - J. **Contracts and Agreements**
    - K. **Fundraisers and Donations**

1. **Approve Donation Acceptance for Jackson County Technology Center Construction Program** **3**
2. **Approve Donation Acceptance for Jackson County Technology Center Instrumentation & Controls Program** **5**
3. **Approve Donation Acceptance for Jackson County Technology Center Welding Program** **7**
4. **Approve VHS Band Booster Fundraiser Worlds Finest Chocolate** **9**

L. **Travel Request**
M. f.y.i. Superintendent Update
N. **Closed Session**
O. **Executive Session**
1. Student Discipline
2. Legal/Personnel Matters

DONATION ACCEPTANCE

1. Donor Information

- **Full Name / Organization Name:** National Association of Women in Construction (NAWIC), Chapter 256
- **Contact Person (if Organization):** Gina Creel, NAWIC Secretary
- **Email Address:** gina.creel@rac.com **Phone Number:** 228-297-4004
- **Mailing Address:** P. O. Box 653
- **City:** Gulfport **State / Province:** MS **Zip / Postal Code:** 39502

2. Type of Donation *(Please check all that apply)*

- (●) **Monetary Donation**
- ( ) **Equipment / Asset**
- ( ) **EEF Item**
- ( ) **Other:** _____

3. Donation Details & Value

- **Monetary Amount ($USD):** $ 1,000.00 *[ ] Check [ ] Cash)*
- **Item Description (for Equipment):** N/A
- **Model #:** N/A **Serial #:** N/A
- **Estimated Value ($USD):** $ N/A
- **Condition of Equipment / Goods (if applicable):**

[ ] Brand New [ ] Like New / Gently Used [ ] Used (Fully Functional) [ ] Needs Minor Repair

4. Intended Use of Donation

Please specify how you would like your donation to be utilized:

- ( ) **General / Unrestricted** *(Where needed most)*
- (●) **Specific Program:** Construction Program

◯ Capital Expenditures / Equipment Upgrade

◯ Restrictions / Special Instructions: _____

5. Location Details

- School/Location: Jackson County Technology Center
- Building: JCTC - Construction
- Room: 110

Richard Keleher
Richard Keleher (11/09/2026 13:45:00 CST)
Sponsor/Teacher/ Organization President — 11/09/2026 Date

Steven Covington
Principal/Director — 11/10/2026 Date

Montgomery Noblitt
Montgomery Noblitt (11/10/2026 07:52:05 CST)
Assistant Superintedent — 11/10/2026 Date

Attendance Center Coordinator — Date

Board Meeting Date (if applicable)

DONATION ACCEPTANCE

1. Donor Information

- **Full Name / Organization Name:** National Association of Women in Construction (NAWIC), Chapter 256
- **Contact Person (if Organization):** Gina Creel, NAWIC Secretary
- **Email Address:** gina.creel@rac.com **Phone Number:** 228-297-4004
- **Mailing Address:** P. O. Box 653
- **City:** Gulfport **State / Province:** MS **Zip / Postal Code:** 39502

2. Type of Donation *(Please check all that apply)*

- (●) **Monetary Donation**
- ( ) **Equipment / Asset**
- ( ) **EEF Item**
- ( ) **Other:** _____

3. Donation Details & Value

- **Monetary Amount ($USD):** $ 1,000.00 *[ ] Check [ ] Cash)*
- **Item Description (for Equipment):** N/A
- **Model #:** N/A **Serial #:** N/A
- **Estimated Value ($USD):** $ N/A
- **Condition of Equipment / Goods (if applicable):**

[ ] Brand New [ ] Like New / Gently Used [ ] Used (Fully Functional) [ ] Needs Minor Repair

4. Intended Use of Donation

Please specify how you would like your donation to be utilized:

- ( ) **General / Unrestricted** *(Where needed most)*
- (●) **Specific Program:** Instrumentation & Controls Program

◯ Capital Expenditures / Equipment Upgrade

◯ Restrictions / Special Instructions: _____

5. Location Details

- School/Location: Jackson County Technology Center
- Building: JCTC - I&C
- Room: 111

Frederick Walton
Frederick Walton (11/09/2026 13:48:11 CST)
Sponsor/Teacher/ Organization President — Date: 11/09/2026

Steven Covington
Principal/Director — Date: 11/10/2026

Montgomery Noblitt
Montgomery Noblitt (11/10/2026 07:51:42 CST)
Assistant Superintedent — Date: 11/10/2026

Attendance Center Coordinator — Date

Board Meeting Date (if applicable)

DONATION ACCEPTANCE

1. Donor Information

- **Full Name / Organization Name:** National Association of Women in Construction (NAWIC), Chapter 256
- **Contact Person (if Organization):** Gina Creel, NAWIC Secretary
- **Email Address:** gina.creel@rac.com **Phone Number:** 228-297-4004
- **Mailing Address:** P. O. Box 653
- **City:** Gulfport **State / Province:** MS **Zip / Postal Code:** 39502

2. Type of Donation *(Please check all that apply)*

- (●) **Monetary Donation**
- ( ) **Equipment / Asset**
- ( ) **EEF Item**
- ( ) **Other:** _____

3. Donation Details & Value

- **Monetary Amount ($USD):** $ 1,000.00 *[ ] Check [ ] Cash)*
- **Item Description (for Equipment):** N/A
- **Model #:** N/A **Serial #:** N/A
- **Estimated Value ($USD):** $ N/A
- **Condition of Equipment / Goods (if applicable):**

[ ] Brand New [ ] Like New / Gently Used [ ] Used (Fully Functional) [ ] Needs Minor Repair

4. Intended Use of Donation

Please specify how you would like your donation to be utilized:

- ( ) **General / Unrestricted** *(Where needed most)*
- (●) **Specific Program:** Welding Program

◯ **Capital Expenditures / Equipment Upgrade**

◯ **Restrictions / Special Instructions:** _____

5. Location Details

- **School/Location:** Jackson County Technology Center
- **Building:** JCTC - Welding
- **Room:** 105

Alexander Fuller (11/12/2026 07:37:28 CST) — 11/12/2026

Sponsor/Teacher/ Organization President — Date

Steven Covington — 11/12/2026

Principal/Director — Date

Montgomery Noblitt — 11/12/2026

Montgomery Noblitt (11/12/2026 09:54:07 CST)

Assistant Superintedent — Date

_____ — _____

Attendance Center Coordinator — Date

_____

Board Meeting Date (if applicable)

JACKSON COUNTY SCHOOL DISTRICT
Fundraiser Authorization Form

This form must be completed and have administrative approval before entering into any agreement with a vendor, before any advertising and before any solicitation begins.

Fundraisers requested by clubs and activities that are part of the school's student activity program will be prioritized over fundraisers of external clubs and activities.

(Print) School Name: Vancleave High School

Is the requesting club or activity a ■ school student activity program/club or an ☐ outside organization?

Will the resulting money be collected by ☐ school employees or ■ members of an outside organization?

(Print) Name of Activity/Sport/Outside Organization: VHS Band Booster Club

(Print) Full Name of Sponsor/Coach/Outside Officer: Gina Creel

Dates of fundraising activity (Beginning and Ending): 11/10/2026 - 2/01/2027

Location of fundraising: ☐ In school only ☐ In Community Only ■ In School and Community

☐ Online (GoFundMe, Donors Chose, etc.)

Describe the fundraiser: Worlds Finest Chocolate

If a contract with an outside money vendor is required, please attach the unsigned contract to this request form.

# of students involved 50 Anticipated revenue $6000

Anticipated use of revenue Booster Club & to help students pay dues & 2028 trip

Were students informed in writing that the fundraiser is voluntary? ■ Yes ☐ No

Gina Creel — 10/13/2026

Signature of Sponsor/Coach/Outside Organization Officer — Date

Approved by:

Raina Holmes (11/11/2026 13:57:37 CST) — 11/11/2026

Signature of Principal — Date

Montgomery Noblitt (11/12/2026 09:54:35 CST) — 11/12/2026

Signature of Asst. Superintendent — Date

Signature of Superintendent — Date

Signature of Board Chairman — Date

Revised October 2018

Document Name: Worlds Finest Chocolate Band Fundraiser.pdf Transaction ID: CBJCHBCAABAASA6MjMANpn5e-wxylcEcaaySuJPyZ9j5