

****Supplemental Notice****



NEW FRONTIERS CHARTER SCHOOL BOARD MEETING AGENDA

Date: Wednesday, January 28, 2009
Time: 4:30 PM
Place: 4018 South Presa (NFCS Campus)

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- 1) **Approve previous board meeting minutes**
 - 2) **Comments from the public**
 - 3) **Reports/Presentations**
 - i) Education – Q & A
 - ii) Business – Q & A
 - 4) **Executive Session**
 - i) Discuss/review real estate
 - ii) Discuss/review update architect contract
 - iii) Discuss/review board member candidates and board officers
 - iv) CEO/Superintendent’s formative evaluation
 - v) Records Management
 - vi) Update on Legal Issues

Supplemental Item — posted as per Section 551.045 (b) (2)

- vii) Interview possible candidates for NFCS board member(s)

Consultation with Attorney pursuant to Section 551.071, Attorney Privilege, Section 551.074, Personnel Matter, Section 551.072, Deliberations about Real Property, Supplemental Item, Section 551.045 (b)(2)

- 5) **Action Items**
 - i) **DIP/CIP**

Recommendation: Approve amendment to the New Frontiers Charter School DIP/CIP
Approved: ____ **Yes** ____ **No** **Board President initials:** ____ **Date:** ____
 - ii) **Records Management Board Resolution**

Recommendation: Approve resolution as discussed by school administrators
Approved: ____ **Yes** ____ **No** **Board President initials:** ____ **Date:** ____
 - iii) **Budget Amendments**

Recommendation: Approve budget amendments as discussed by school administrators
Approved: ____ **Yes** ____ **No** **Board President initials:** ____ **Date:** ____
 - iv) **CEO/Superintendent’s Formative Evaluation**

Recommendation: Accept and approve CEO/Superintendent’s formative evaluation as discuss and reviewed during Executive Session.
Approved: ____ **Yes** ____ **No** **Board President initials:** ____ **Date:** ____

Supplemental Item — posted as per Section 551.045 (b) (2)

- v) **Consideration of new NFCS board member(s)**

Recommendation: Accept floor nominations for board candidate(s).
Approved: ____ **Yes** ____ **No** **Board President initials:** ____ **Date:** ____