

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
OFFICE OF THE SUPERINTENDENT

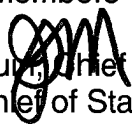
ROBERT W. RUNCIE
SUPERINTENDENT OF SCHOOLS


Telephone: (754) 321-2600

Facsimile: (754) 321-2701

September 16, 2016

TO: School Board Members

FROM: Jeffrey S. Moquin  Chief of Staff
Office of the Chief of Staff

VIA: Robert W. Runcie 
Superintendent of Schools

**SUBJECT: Revision to II-4, First Amendment School Resource Officer (SRO)
Agreement - City of Coral Springs (2015-2016), for the September 20,
2016 Regular School Board Meeting**

Attached is a revision for II-4, First Amendment School Resource Officer (SRO) Agreement - City of Coral Springs (2015-2016), for the September 20, 2016 Regular School Board Meeting.

Specifically, the item has been revised to reflect the First Amendment has now been executed by the City of Coral Springs.

RWR/JSM:
Attachments

c: Senior Leadership Team



AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MEETING DATE

Special Order Request
 Yes No

ITEM No.:

AGENDA ITEM

Time

CATEGORY

DEPARTMENT

Open Agenda
 Yes No

TITLE:

REQUESTED ACTION:

SUMMARY EXPLANATION AND BACKGROUND:

SCHOOL BOARD GOALS:

Goal 1: High Quality Instruction Goal 2: Continuous Improvement Goal 3: Effective Communication

FINANCIAL IMPACT:

EXHIBITS: (List)

BOARD ACTION:

(For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Name: Jeffrey S. Moquin	Phone: 754 321-2650
Name: Craig Kowalski	Phone: 754 321-0736

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Senior Leader & Title

Approved In Open Board Meeting On: _____

Signature

By: _____

School Board Chair

FOR CITY OF CORAL SPRINGS, FLORIDA

(Corporate Seal)

ATTEST:

Debra Thomas
Debra Thomas, City Clerk

-or-

Witness

Witness

CITY OF CORAL SPRINGS, FLORIDA

By [Signature]
Signature

Printed Name: Walter G. Campbell, Jr.

Title: Mayor

Approved as to Form.

[Signature]
Assistant City Attorney

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 14th day of September, 2016 by Walter G. Campbell, Jr. of

Name of Person

[Signature] on behalf of the corporation/agency. He/She is personally known to me or produced [Signature] as identification and did/did not first take an oath. Type of Identification

My Commission Expires:

Debra Thomas

Signature – Notary Public

(SEAL)

Printed Name of Notary

Notary's Commission No.

