## BUENA VISTA ELEMENTARY SCHOOL 21660 Road 60 Tulare, CA 93274

## Meeting of the Board of Trustees Agenda

Dat	te:	Ja	nuary 8, 2025	Time: 7:00 p.m.	Place: Staff Lounge	
В.	Rol	II Ca	Order III nition of Visitors			
D.	Citizens' Comments - The public may comment on any subject within the jurisdiction of the Board, including items on the agenda. Speakers will be allowed three minutes, unless otherwise extended by the Board Chair. The Board cannot legally discuss or take official action on items presented under public comment.					
Ε.	Approval of Agenda of January 8, 20 Borges: Simoes, Jr.:				ular Board Meeting (Action Item) Souza:	
F.	Borges: Simos Approval of Minutes of the D			Simoes, Jr.:	Special Board Meeting (Action Item) Souza: Regular Board Meeting (Action Item) Souza:	
G.	Cor	Correspondence				
Н.			CT BUSINESS Minimum Wage Borges:	e Increase Simoes, Jr.:	Souza:	
		2.	Independent St Borges:	udy changes Simoes, Jr.:	Souza:	
			J-13a Waiver Borges:	Simoes, Jr.:	Souza:	
		4.	District Leaders Borges:	hip Institute Simoes, Jr.:	Souza:	

## I. FINANCIAL BUSINESS

Approval of the following Payment Vouchers: #250273 through 250283 in the amount of \$22,499.61 #250284 through #250302 in the amount of \$19,419.95 #250303 through #250308 in the amount of \$4769.58

## OTHER BUSINESS EXECUTIVE SESSION (CLOSED) – ADJOURNMENT

In compliance with the Americans with Disabilities Act and the Brown Act, if you need special assistance to participate in this meeting, including the receipt of the agenda and documents in the agenda package in an alternate format, please contact the Buena Vista Elementary School District Office at (559)686-2015. Notification 48 hours prior to the meeting will enable the district to make reasonable arrangements to ensure accessibility to this meeting (28FR35.102-35, 104 ADA Title II), and allow for the preparation of documents in the appropriate alternate format. The request for accommodation should specify the nature of the modification or accommodation requested, including any necessary auxiliary aids or services required, and the name, address and telephone number of the person making the request