

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Office of Healthy Schools		CONTACT PERSON Shane McNeill	TELEPHONE NUMBER 601-359-1737	
ADDRESS 359 North West Street		CITY Jackson,	STATE MS	ZIP 39205
EMAIL psmcneill@mde.k12.ms.us	SUBMIT DATE 10/25/10	Name or number of rule(s): <u>Approval to revise Board Policy 4012 - the Physical Education/Comprehensive Health Education Rules and Regulations</u>		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: The requested recommendation allows the completion of the first two JROTC courses—JROTC 1 and JROTC 2—to serve as a substitute for the required 1/2 Carnegie unit in Health for graduation.

Specific legal authority authorizing the promulgation of rule: MS Code 37-13-134

List all rules repealed, amended, or suspended by the proposed rule: State Board Policy 4012

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/pepeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing - _____ Other (specify): _____	Date Proposed Rule Filed: <u>9/1/10</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing - 11/25/10 _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Shane McNeill – Bureau Manager – Office of Healthy Schools

Signature of person authorized to file rules: *Shane McNeill me*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.