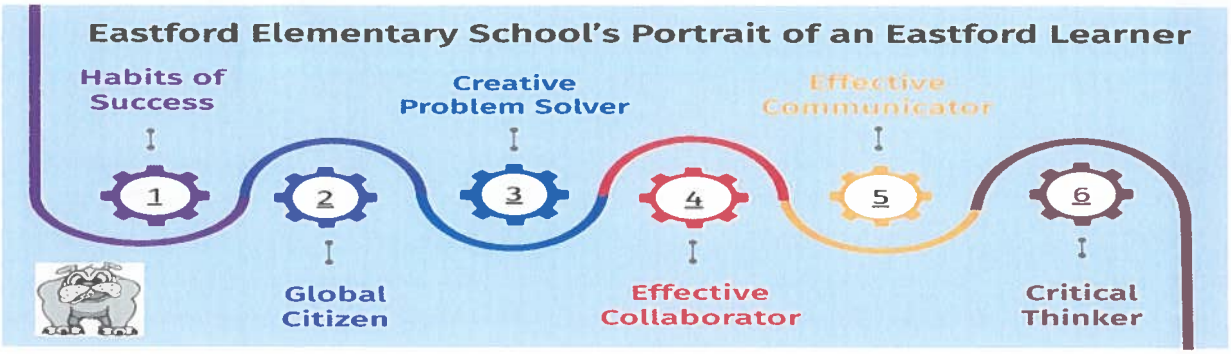


July 2026

Dear Parents and Guardians,

I hope you are all enjoying the slower pace of summer! July is coming to an end, and we are busy getting the school ready for the return of students and staff. I am excited to welcome our new and returning students for another year of learning at Eastford Elementary School! The first day for students will be **August 27.** We look forward to having your children back at school again! The enclosed calendar will help you start planning for holidays and other no-school days this year. Some of our conferences and professional development days are a bit different than those in past years, so please review this carefully!

I am excited to announce some staffing changes for the 2026-2027 school year. Mr. Kernan, who has been our middle school social studies teacher and our Director of Pupil Services, has moved on for a full-time Pupil Services position in another district. We certainly will miss him after nearly 20 years of working in Eastford, and we wish him all the best in his new role. We are pleased to welcome Mr. Stephen Nappi as a special education teacher, who will work alongside Mrs. Moran and Mrs. Volpe, to provide for student needs so that all students can grow and achieve at a level that works best for them. Additionally, Mrs. DePercio will assume some of the middle school social studies classes and she will continue to provide instruction in the acquisition of Spanish. To round things out, we are in the process of hiring a Director of Pupil Services, who we will announce once they have been appointed. We plan to have everything in place prior to the first day of school!

Instructional time for students will begin at **8:45 a.m**. Dismissal will begin at **3:20 p.m.** All students should **arrive between 8:25 a.m. and 8:35 a.m. so that they are ready for instruction to begin at 8:45 a.m.** Students **should not** arrive at school **prior to 8:25 a.m.** unless they are registered to be in the YMCA before school program or have a scheduled activity or appointment to meet with a teacher. On days when we are scheduled for an **early dismissal, the end of the student day will be at 12:30 p.m.** Students will be **marked tardy** if they are not in their homeroom for attendance by **8:42 a.m.**

We are pleased that **EastConn** will once again be providing school bus transportation for our students. We have contracted for **three school buses** this year to reduce the amount of time children spend in transit and we are hopeful that as this improves, more families will opt to have their child ride the bus instead of being transported in a private vehicle. As we move closer to the start of school, I will provide you with information on how you can access bus routes and additional transportation information.

We have contracted with the Hale YMCA out of Putnam to run our Before and After School childcare programs for the 2026-2027 school year. All registrations and fees for service will be

conducted through the YMCA, not the Eastford Elementary School main office. If you are planning to use the YMCA Before and/or After School program during the upcoming school year, you must register in advance through this link: Hale YMCA Registration. Grant funding is already in place to lower the cost of the after-school care. Please see the flyer in this packet or reach out directly to the YMCA.

The YMCA Before and After School Child Care Services will not begin until Monday, August 31, 2026, and they will offer 2-day, 3-day, or 5-day options to meet the needs of individual families.

The YMCA has a number of ways that it provides financial assistance to families, including a sliding fee scale based on family size and income, financial scholarships through the YMCA, and *Care For Kids*. You can apply for financial assistance through the YMCA here: YMCA Financial Assistance The YMCA is working toward licensure through the Office of Early Childhood (OEC) for the Eastford Elementary School site. Until then, they will operate as "license exempt" under the public school umbrella. If you have questions about their program or their fees, you can reach out to **Veronica at the Hale YMCA at 860-315-9622 ext. 4105.** The YMCA links are available on our school website.

Our school website can be accessed by going to www.eastfordct.org. We continue to work to populate the website with relevant information for you in a user-friendly format. If you have suggestions on how we can make improvements or how we can keep you better informed, please email us at technology@eastfordct.org. The school website is one important way that we communicate information to you, so we want it to be helpful! If you are looking for information about the Town of Eastford or the Eastford Recreation Commission, you can access the town website at www.eastfordct.gov.

This mailing includes an application for the **free milk program**. If at least one person in your household is receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA), list the person's name and case number on the application and skip the income chart. If you believe you are eligible for free milk based on income, please complete all sections of the application. **We will use this income form** for determining **free milk eligibility**. Income information will be kept confidential. If your child qualifies for free milk, his/her name will be placed on the class list of students who have paid. The state has not released updated forms for the 2026-2027 school year at this time. Please use the 2025-2026 form if you wish to apply.

This school year, we will continue to offer 1% white milk and fat-free chocolate milk, and we will also offer whole milk, all through Wade Dairy for purchase. We encourage families to pay for milk up front for the whole school year so there is no need to worry about sending money to school on a daily basis, and to help us prepare our weekly order for milk in an efficient manner. **Milk will cost $0.30 per carton or $50.00 per year** for one milk per day. A form is included in this packet to request and pay for milk for the year prior to the start of school. We will, of course, provide milk on an as needed basis throughout the year as well.

Enclosed with this correspondence, you will find the **Eastford School District Emergency Information** that we have on file for returning students. Updates to this information would be appreciated **before** school starts. If you have no updates, **please sign the form and return it so**

that we will know that the information is current. It is especially important that you **provide an email address** since most correspondence and emergency weather-related alerts during the school year are sent via email. If you do not have an email address, please let us know so that we can print monthly newsletters and other correspondence for you.

We are fortunate to have two active parent groups at Eastford Elementary School- Our PTO and Middle School Auction Group. Each year, we need new members as existing members move on when their children graduate from eighth grade. The PTO plays a critical role in supporting programs and activities for students and staff throughout the year. The Auction group plans and facilitates fundraising activities for the grade 8 trip to Washington D.C. If you are interested in getting involved in any of these organizations, or would like more information, please contact Aliesha Lowell Lynch for PTO at pto@eastfordct.org. Our Auction Committee is currently facilitated by Jeremy and Lauren Barlow and needs many members for successful fundraising. We plan to hold our annual Goods and Services Auction on **November 14, 2026,** and this can't happen without a viable committee! If you are interested in assisting with this important group, please contact Jeremy or Lauren Barlow at auction@eastfordct.org. Please consider assisting with one or more of these parent groups. There are often many ways to be involved, even if you cannot attend regular meetings, and most meetings are held virtually to avoid childcare and other family conflicts. PTO will meet on the first Tuesday of each month at 6:00 p.m. Please email the PTO directly and they will share the Zoom information with you for joining the meeting.

The Office of Early Childhood, through new state legislation, has restructured funding and organizations that support early childhood in Connecticut under a new label, **Early Start CT**. Early Start CT is designed to bring information and resources to communities to support children aged birth to five years old. The Eastford community has joined a Local Governance Partnership (LGP) with the other northeastern communities of Bozrah, Chaplin, Franklin, Hampton, Scotland, and Sprague. Together, this LGP will make decisions and provide information to communities to support programs like the Eastford Preschool Program. It is important to note that the **Eastford Early Start Preschool Program** falls under the jurisdiction of the Office of Early Childhood and is governed by a community body (the LGP), and the Eastford Board of Education. The Board of Education supports and supplements this program, and we are fortunate to be able to house the preschool program in the Elementary School so that the children can benefit from other resources provided by the Board of Education. The Eastford Early Start Preschool Program charges tuition fees for attendance.

I hope that you have been encouraging your child/ren to read and to participate in the summer reading challenge sponsored by the State of Connecticut over the summer. Research shows that students who are actively engaged in reading and math activities over the summer have an easier transition back to school. Students are being asked to record the books that they have read over the summer and to return their logs or passbooks to Mrs. Bibeault when they return to school in August. Students will be recognized and rewarded for their participation in this summer challenge. The Connecticut State Department of Education has also launched a website full of free learning resources to support continued learning over the summer. You can access the summer reading and math challenges as well as these other resources through their Summer Learning Hub: https://portal.ct.gov/sde/academic-office/ct-learning-hub/summer-learning-hub

There are some important upcoming dates for you to be aware of and to put on your calendar.

We will hold an **Open House** on **Tuesday, September 22** for students and families in **grades PK-8**. The building will be open from 6:00 p.m. to 7:00 p.m. for **classroom visits**. From **5:30 p.m. to 6:30 p.m.**, the high schools with which we have a contract will have information booths set up in the gym so that middle school families can discuss options and learn about their respective programs and offerings. This will help to inform the decision that families will need to make for their child after they leave EES. We hope that you will be able to join us in kicking off the new school year! More details and reminders will be sent home once school begins.

The Eastford Board of Education invites all Eastford families and community members to attend a **Community Conversation** regarding the district's ongoing review of Eastford's designated high school. This will be held in the **EES gymnasium on Thursday, September 24, 2026, from 6:00 to 8:00 p.m.** This is an informational meeting intended to provide information and gather community input. No decision will be made at this event.

This year, **Irvin Simon Photography** will again be on-site to take student, staff, and class pictures. **Tuesday, September 22, 2026, is our scheduled picture day!** We will provide you with additional information as the date gets closer.

All students who plan to play on a **school sports team** during the year must have their physical updated every 13 months. Our school physician, Dr. Ramos, will be conducting sports physicals on **August 5 and August 19 from 9:00 a.m. to 4:00 p.m. at Treehouse Center for Children and Families, 434 Tolland Turnpike, Willington, CT**. If you are unable to schedule an appointment with your primary care physician in time, Dr. Ramos will conduct physicals on a walk-in basis and the cost is $25.00. **Fall soccer for the school team will begin early in September**. A practice and game schedule will be shared with those who signed up before the end of last school year. Please contact Nurse Roto, croto@eastfordct.org, with any questions.

As always, if you have any questions or concerns, please feel free to call (860-974-1130) or contact me by email (cmccombe@eastfordct.org). Our summer office hours are typically 8:00 a.m. to 3:00 p.m.

Remember, school begins for students on August 27. Enjoy the rest of your summer!!

Sincerely,
Carole McCombe
Principal

LEGAL CUSTODY & ACCESS TO RECORDS

Are there any current, legally binding court orders (e.g., Custody Decree, Restraining Order, Protective Order) that restrict a biological parent's right to:

[ ] Pick up the student from school

[ ] Access the student's educational records

[ ] Make educational decisions for the student

[ ] None / Not Applicable

***Important:* If you checked any of the restriction boxes above, Connecticut state law requires the district to have a current, signed, certified copy of the court order on file. Please submit the relevant pages of the court document to the main office. The school will follow standard legal defaults until official court documentation is provided.**

Dear School Families,

July 2026

We are in the process of developing our bus routes. There will be three buses this year instead of two, the Bus routes should be shorter and quicker. EASTCONN will be providing our school bus transportation.

Your responses to the following will help us streamline the routes:

My student(s) Name(s): _____Gr___ , _____Gr___

Please check or X all that apply.

/_/ will be using bus transportation on a regular basis

/_/ will use the /_/ Before school /_/Afterschool program.
The school will use the Hale YMCA before and after childcare at the Eastford School

/_/ will be using morning bus transportation only

/_/ will be using afternoon bus transportation only

/_/ will be car riders on a regular basis (parent/guardian pick up)

==========High School==========

/_/ my highschooler will not use school bus transportation

/_/ my highschooler will take the bus from their designated bus stop

/_/ Mornings /_/Afternoons

/_/my high schooler will get the bus at the transfer in the morning

/_/and get off at transfer in the afternoon
/_/ will take the bus home most days

Other transport notes: _____

Please notify us if this situation changes so we can update our routes accordingly.

EASTFORD ELEMENTARY SCHOOL
2026-2027 SCHOOL CALENDAR

July-26
0 days

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August-26
3 days Total 3

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	★	28	29
30	31					

September-26
21 days Total 24

S	M	T	W	Th	F	S
		1	2	3	4	5
6	A	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October-26
20 days Total 44

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	B	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	C	31

November-26
17 days Total 61

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	D	12	13	14
15	16	17	18	19	20	21
22	23	24	E	E	E	28
29	30					

December-26
17 days Total 78

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	F	F	26
27	F	F	F	F		

January-27
19 days Total 97

S	M	T	W	Th	F	S
					F	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	G	19	20	21	22	23
24	25	26	27	28	29	30
31						

February-27
18 days Total 115

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	H	H	17	18	19	20
21	22	23	24	25	26	27
28						

March-27
21 days Total 136

S	M	T	W	Th	F	S
	1	2	3	4	I	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	J	27
28	29	30	31			

April-27
17 days Total 153

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	K	K	K	K	K	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May-27
20 days Total 173

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	L					

June-27
9 days Total 182

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

August
- 25 Staff Only - Orientation Day
- 26 Staff Only - Professional Development Day
- ★ 27 First Day for Students

September
- A 7 Labor Day - No School

October
- B 12 Indigenous Peoples' Day - No School
- 29 Parent Conferences - Evening
- C 30 No School - Professional Development AM/ Parent Conferences afternoon

November
- D 11 Veterans Day - No School
- E 25-27 Thanksgiving Break - No School

December
- F 24-31 Winter Break

January
- F 1 Winter Break
- G 18 Martin Luther King Jr Day - No School

February
- / 12 Professional Development Day - Early Dismissal 12:30
- H 15 Presidents' Day - No School
- H 16 February Break

March
- I 5 No School - Professional Development Day
- 24 Parent Conferences - Evening
- / 25 Parent Conferences - Early Dismissal 12:30
- J 26 Good Friday - No School

April
- K 12-16 Spring Break

May
- / 14 Professional Development Day - Early Dismissal 12:30
- L 31 Memorial Day - No School

June
- / 11 PROJECTED Last Day for Students Early dismissal 12:30

/ Early Dismissals: 12:30 PM
February 12, March 25, May 14, Last Day

Progress Notes:
October 8, January 25, April 30

Trimester End:
December 1, March 11, Last Day

Report Cards:
December 9, March 19, Last Day

This calendar represents a core, 182-student day schedule.

Weather-related changes to this calendar will be made as necessary.

Approved by Board of Education: February 12, 2026

Eastford Elementary School
Shaping Futures Together

Third Trimester Honor Roll
Middle Level - Grades 6-8
June 2026

High Honors

Grades of A including A+ and A- in every academic and special subject allowing for one B+

Owen Barlow
Katherine Douglass
Zoe Labonte
Xander Sughrue

Georgia Barlow
Olivia DePercio
Logan Gillett
Jillian Norman
McKenna Tacy
Grace Witter

Honors

Grades of A or B including B+ and B- in every academic and special subject

Alina Platt
Emma-Lynn Salony

John Douglass
Charles Ellsworth
Armeen Kuljancic
Mackenzie Lathrop
Isla Lupacchino
Chloe Minor
Fernando Perez
Sylas Platt
Aiyana Reed
Ilsa Reiner
Jacob Waddicor

Aiden Abbamonte
Ryan Collard
Blake Gilbert
Jericho Hillman
Callum St. John

EASTFORD ELEMENTARY SCHOOL

Milk Order Form

Milk is available at school for $.30 per container or $50.00 per year for one milk a day. Families are encouraged to pay for a year's worth of milk at the beginning of the year. To allow for absences and field trips, those who do this will pay for only 170 days. If a child buys milk on an occassional basis, he/she should bring the money to be paid at lunch time. Eastford Elementary School participates in a free milk program. Free milk is available to families who qualify. Please fill out the family free milk application to apply.

Student Name: _____

Grade: _____ or Teacher:_____

PK Students

Snack:

QTY

_____ 1 % white
_____ Whole white milk

Lunch

_____ 1 % white
_____ Whole white milk

Grades K - 4

Snack:

QTY

_____ 1 % white
_____ Whole white milk
_____ Fat free chocolate

Lunch:

QTY

_____ 1 % white
_____ Whole white milk
_____ Fat free chocolate

Grades 5 - 8

Lunch:

Qty

_____ 1 % white
_____ Whole white milk
_____ Fat free chocolate

Cost for milk for the year

$50.00 - 1 milk per day for the school year
$100.00 - 2 milks per day for the school year

Total milks per day: _____

Amount enclosed $_____
OR
/_/ I qualify or are applying for free milk

Please fill this out and return to the office along with your payment to:

EES Milk Fund

Thank You.

2025-26 Application for Free Milk

Complete one application per household. Please use a pen (not a pencil).

Return to (School/District Name): Eastford School District
Application No: _____

STEP 1 List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes	Student? No	Check all that apply: Foster	Head Start	Homeless or Runaway
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID number here and then go to STEP 4 (do not complete STEP 3). To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

DSS Client Number:

Write only one DSS Client ID number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Note: Biweekly is Every 2 Weeks

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child income: $ _____ How often? Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐ Annual ☐

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received? Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐ Annual ☐	Public Assistance/ Child Support/Alimony	How often received? Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐ Annual ☐	Pensions/Retirement, SS, SSI, VA benefits, All other income	How often received? Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐ Annual ☐
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

Total Household Members (Children and Adults – Step 1 & Step 3) ☐☐

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member X X X X X ☐☐☐☐

Check if no social security number ☐

STEP 4 Contact Information and Adult Signature. Return completed form to your child's school: EES, PO Box 158 Eastford , CT 06242

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed Name of Adult Signing the Form _____

Signature of Adult _____

Today's Date _____

Mailing Address (if available) _____ Apt # _____ Town or City _____ State _____ Zip _____

2025-26 Application for Free Milk

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans' benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL **Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ❑ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ❑ Not Hispanic or Latino

Race (check one or more): ❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White

School Use Only – Do Not Write Below This Line

The Determining Official (DO) for the school/district MUST complete this section. ***(Only convert to annual income if there are different frequencies of income listed in Step 3.)***

Annual Income Conversion: Weekly X 52 • Every 2 weeks X 26 • Twice a Month X 24 • Monthly X 12

Directly Certified (DC) **based on State DC List** as eligible for: ❑ SNAP ❑ TFA ❑ OT ❑ **FM** (Free Medicaid) ❑ **RM** (Reduced Medicaid) Date Certified on DC List: _____

❑ SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number ❑ Foster Child ❑ **Confirmed** Head Start ❑ **Confirmed** Homeless or Runaway

❑ Income Household: Total household income: _____ per _____ Household Size: _____ **Error Prone?** ❑ Yes ❑ No

Application approved for: ❑ Free Meals ❑ Reduced-price Meals ❑ Application Denied

Date Notice Sent: _____ Signature of DO: _____ Date: _____

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

* mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

* Do not mail applications to this address, only complaints of discrimination.

fax: (833) 256-1665 or (202) 690-7442; or
email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

How to Apply for Free Milk

Please use these instructions to help you fill out the application for free milk. You only need to submit one application per household, *even if your children attend more than or school in Eastford School District*. The application must be filled out completely to determine the eligibility of your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact the school office at (860)974-1130

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, through a court or state/local agency, or qualify as homeless or runaway youth;
- Students attending *(regardless of age)* Eastford School District.

A) List each child's name.	B) Is the child a student?	C) Do you have any foster children?	D) Are any children homeless, runaway or in a Head Start Program?
Print each child's name. Use one line of the application for each child. When printing names, please print clearly. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for "middle initial." Print the first letter of each child's middle name in the "MI" section.	List the name of the school (optional), the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.	If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and *complete all steps of the application.* Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP or TFA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in SNAP or TFA:
Leave STEP 2 blank and go to STEP 3.	• Write a case number for SNAP or TFA. You only need to provide one client ID number. If you participate in one of these programs and do not know your client ID number, contact your DSS social worker. **Note:** Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card. • Go to STEP 4.

Step 3: Report income for all household members

How do I report my income?

- Use the charts titled **"Sources of Income"** and **"Examples of Income for Children,"** printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes.
  - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

How to Apply for Free Milk

3.A. Report income earned by children

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. Report income earned by adults

Who should I list here? When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are not related and even if they do not receive income of their own.*

Do NOT include:

- People who live with you but are not supported by your household's income AND do not contribute income to your household.
- Infants, children and students already listed in **STEP 1.**

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." *Do not list any household members you listed in STEP 1.* If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. *Do not report the cash value of any public assistance benefits NOT listed on the chart.* If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed form to Eastford School, PO Box 158, Eastford, CT 06242

Please return the application directly to your child's SCHOOL.
DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Eastford Preschool

Meet and Greet

Wednesday,

August 26, 2026

3:00 pm – 3:30 pm

Agenda:

3:00 See the classroom

Decorate your cubby (a few 4x6 photos)

3:15 Play on the preschool playground

This can be a great opportunity for questions and concerns to be discussed with Mrs. Kopplin prior to the first day of school

I hope to see you there!

State of Connecticut Department of Education
Early Childhood Health Assessment Record
(For children ages birth–5)

To Parent or Guardian: In order to provide the best experience, early childhood providers must understand your child's health needs. This form requests information from you (Part 1) which will be helpful to the health care provider when he or she completes the health evaluation (Part 2) and oral health assessment (Part 3). State law requires complete primary immunizations and a health assessment by a physician, an advanced practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to entering an early childhood program in Connecticut.

Please print

Child's Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	☐Male ☐Female

Address (Street, Town and ZIP code)

Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Early Childhood Program (Name and Phone Number)

Primary Health Care Provider:

Name of Dentist:

Race/Ethnicity

☐American Indian/Alaska Native ☐Native Hawaiian/Pacific Islander
☐Asian ☐White
☐Black or African American ☐Other
☐Hispanic/Latino of any race

Health Insurance Company/Number* or Medicaid/Number*

Does your child have health insurance? Y N
Does your child have dental insurance? Y N
Does your child have HUSKY insurance? Y N

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part 1 — To be completed by parent/guardian.
Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Frequent ear infections	Y	N	Asthma treatment	Y	N
Allergies to food, bee stings, insects	Y	N	Any speech issues	Y	N	Seizure	Y	N
Allergies to medication	Y	N	Any problems with teeth	Y	N	Diabetes	Y	N
Any other allergies	Y	N	Has your child had a dental			Any heart problems	Y	N
Any daily/ongoing medications	Y	N	examination in the last 6 months?	Y	N	Emergency room visits	Y	N
Any problems with vision	Y	N	Very high or low activity level	Y	N	Any major illness or injury	Y	N
Uses contacts or glasses	Y	N	Weight concerns	Y	N	Any operations/surgeries	Y	N
Any hearing concerns	Y	N	Problems breathing or coughing	Y	N	Lead concerns/poisoning	Y	N
Developmental — Any concern about your child's:						Sleeping concerns	Y	N
1. Physical development	Y	N	5. Ability to communicate needs	Y	N	High blood pressure	Y	N
2. Movement from one place			6. Interaction with others	Y	N	Eating concerns	Y	N
to another	Y	N	7. Behavior	Y	N	Toileting concerns	Y	N
3. Social development	Y	N	8. Ability to understand	Y	N	Birth to 3 services	Y	N
4. Emotional development	Y	N	9. Ability to use their hands	Y	N	Preschool Special Education	Y	N

Explain all "yes" answers or provide any additional information :

Have you talked with your child's primary health care provider about any of the above concerns? Y N

Please list any **medications** your child will need to take during program hours:

*All medications taken in child care programs require a separate **Medication Authorization Form** signed by an authorized prescriber and parent/guardian.*

I give my consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information on this form for confidential use in meeting my child's health and educational needs in the early childhood program.

Signature of Parent/Guardian Date

C.G.S. Section 10-16q, 10-206, 19a-79(a), 19a-87b(c); P.H. Code Section 19a-79-5a(a)(2), 19a-87b-10b(2); Public Act No. 18-168

Kindergarten Meet and Greet

Wednesday, August 26, 2026

3:00 pm – 3:30 pm

Agenda:

3:00 Check out the kindergarten classroom. See where your table seat and cubby will be.

3:15 Play in some of our play to learn centers and explore the morning kindergarten playground.

This can be a great opportunity for questions and concerns to be discussed with Ms. Garvie prior to the first day of school

HOPE TO SEE YOU THERE!!!

State of Connecticut Department of Education
Health Assessment Record

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse (licensed pursuant to chapter 378) physician assistant (licensed pursuant to chapter 370) a school medical advisor or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206).

An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student name (last, first, middle)	Birth date	❑ Male ❑ Female
Address (street, town, and zip code)		
Parent/Guardian Name (last, first, middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	
Primary Care Provider	❑ American Indian/Alaskan Native	❑ Black, not of Hispanic origin
	❑ Hispanic/Latino	❑ White, not of Hispanic origin
	❑ Asian/Pacific Islander	❑ Other
Does your child have health insurance? Y N	If you child does not have insurance, call 1-877-CT-HUSKY	
Does your child have dental insurance? Y N		
Health Insurance Company/Number* or Medicaid/Number*	*If applicable	

Part 1 — To be completed by parent/guardian

Please answer these health history questions about your child before the physical examination

Any health concerns	Y	N	Hospitalizations or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death?				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol?				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illness/injuries/etc. include the year and/or your child's age at the time:

Please list any medications your child will need to take in school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school

Signature of Parent Guardian **Date**

Save the Date

The Eastford Board of Education invites all Eastford families and community members to attend a Community Conversation regarding the district's ongoing review of Eastford's designated high school.

For the past several months, the Board has been comparing and evaluating Woodstock Academy and E.O. Smith High School to better understand the opportunities each school offers Eastford students. This meeting is an opportunity to learn more, ask questions, and share your thoughts as part of the community discussion.

Thursday, September 24
6:00–8:00 p.m.
Eastford School Gymnasium

Your voice is important. Whether you are a current parent, future parent, student, resident, or community member, we encourage you to attend and participate in this conversation.

This informational meeting is intended to provide information and gather community input. No decision will be made at this event.

A PERFECT WAY TO START AND END THEIR DAY!

Before & After School Care at Eastford

REGISTER NOW

Financial assistance is available.

Questions? Contact veronica.larocque@ghymca.org

BELONG TO SOMETHING GREATER

Hours:
Before school: 7 AM – 8:30
After school: Dismissal until 5:30 PM

Flexible Days Available
5 day, 3 day, and 2 day options

Grant Subsidy through Eastford Schools to help with payments for PM enrollments

$200 off 5 day enrollments
$100 off 3 or 2 day enrollments
10 spots available for both 5-day and part-time

Times	5 day	3 day	2 day
AM	$150	$120	$96
PM	$385	$285	$200
AM & PM	$470	$390	$296

*Prices are per month

Eastford Middle School Preview of 2026-2027

Meet the Team:

	Subject:	Email:
Mrs. Barlow	Math/Grade 8 Homeroom	jbarlow@eastfordct.org
Mrs. Bibeault	Library/Technology	mbibeault@eastfordct.org
Mrs. Burns	Music	jburns@eastfordct.org
Mr. Cody	Health/PE	ncody@eastfordct.org
Mrs. DePercio	Spanish (5-8)/Social Studies (7 & 8) Grade 6 Homeroom	cdepercio@eastfordct.org
Ms. Farrell	Band	kfarrelldenke@eastfordct.org
TBD	Social Studies (5 & 6)	
Mrs. Mead	Science/Grade 5 Homeroom	cmead@eastfordct.org
Mr. Salsich	ELA/Grade 7 Homeroom	jsalsich@eastfordct.org
Mrs. Schleicher	Counselor	sschleicher@eastfordct.org
Mrs. Volpe	Resource Room	hvolpe@eastfordct.org
Ms. Weinland	Art	jweinland@eastfordct.org

School Supplies

Students will need a backpack, an accordion file or binder, folders, a lunchbox, pencils, blue or black pens, and highlighters. Please contact Mrs. Schleicher if you'd like assistance obtaining these for your child. Students will be given a lock for their locker and an agenda in which to record homework assignments daily. Each of these can be replaced for $5.

Technology

- Students and parents will be asked to sign an **Online User Agreement** that outlines the school's policy on the acceptable use of technology. In order to keep all students safe, the use of technology will be carefully monitored. You can find more specific information in the student handbook.
- Students are allowed to bring cellphones to school; however, phones must remain **in their lockers at all times** during the school day (except with specific permission). If you need to reach your child during the school day, please call the office at (860) 974-1130. The use of cell phones **on the bus is prohibited.**
- We use the **Google Classroom** learning platform. Please ask your child for his or her log-in information to view assignments.

Behavior Expectations

We will encourage students to conduct themselves in a manner that follows our core beliefs that we are **safe**, **kind**, **responsible**, and **do our best**. Parents/Guardians will be contacted regarding repeated instances of inappropriate conduct in school so that we may work together to maintain a respectful climate for learning. Please refer to the Student Handbook for a detailed outline of school rules and discipline procedures.

Grading

How grades are determined in each core subject:

ELA: Major Tests/writing assignments/projects 40%, Quizzes and smaller projects 20%, Homework Assignments 15%, ClassWork/Participation 15%, Preparedness for class 10%

Math: Tests/Projects 50%, Quizzes 25%, PLCs (**P**reparedness: coming to class with all necessary supplies, **L**istening: actively to the teacher and other classmates, and **C**lasswork: using time wisely and working well in groups) 15%, Portrait of a Learner 10%

Science: Tests/Projects 40%, Quizzes/small projects 20%, ClassWork/Homework Assignment Completion 20%, Participation 10%, Preparedness for class 10%

Social Studies: Tests and Projects 40%, Quizzes 20%, Homework 20%, Classwork and Participation 10%, Preparedness for class 10%

Health: Tests and Projects 40%, Quizzes 20%, Homework 20%, Classwork and Participation 10%, Reaction Papers 10%

Spanish: Tests and Projects 30%, Quizzes 20%, Homework 20%, Vocab Work 10%, Participation 10%, Class Preparedness 10%

Conferences

Student-Led Conferences are held with parents twice each year in middle school. You may choose an afternoon or evening time in the fall and in the spring.

Eastford Elementary School
Shaping Futures Together

The EES Website: www.eastfordct.org

Orientation for **Parents** and **New Middle School Students**

Welcome to Middle School!
You are cordially invited to join the Middle School Staff

Who: All incoming grade 5 students and new students in grades 6 through 8

What: Bring a parent and join us for a short orientation

Where: At EES in Mrs. Mead's science room (#118)

When: Tuesday, August 25, 2026 at 2:45 pm

Why: Get logged onto your computer and into Google Classroom and some of the platforms you'll use this year. Your parents will learn how to do so, too! You'll find your locker and practice using the lock. You'll get a sneak peek at your daily schedule (When is recess, and when do I need sneakers for PE?)

You'll get your questions answered, updated teacher contact information, enjoy a treat with your classmates, and hopefully leave your first-day-of-middle-school anxiety behind.

Looking forward to seeing you there!

EASTFORD ELEMENTARY SCHOOL

Spirit Wear Order Form

SHOW YOUR SCHOOL SPIRIT!

STUDENT NAME: _____ **PARENT / GUARDIAN:** _____

TEACHER / GRADE: _____ **PHONE / EMAIL:** _____

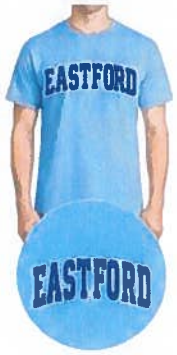
HOW TO ORDER:

1. Choose your item.
2. Choose your design.
3. Choose your color.
4. Choose your size.
5. Enter the quantity.

T-SHIRTS – $15 (XXL $17, XXXL $19)

OPTION A — Small Logo

OPTION B — EASTFORD Print



COLORS: LIGHT BLUE, GRAY, NAVY

SIZE	COLOR	QTY

HOODIES – $40 (XXL $42, XXXL $44)

OPTION A — Small Logo

OPTION B — EASTFORD Print

COLORS: LIGHT BLUE, GRAY, NAVY

SIZE	COLOR	QTY

SWEATPANTS – $30 (XXL $35, XXXL $35)

COLORS: GRAY

SIZE	COLOR	QTY

SIZE CHART (Unisex Sizing)

SIZE	S	M	L	XL	XXL	XXXL
YOUTH SIZES				ADULT SIZES		

PRICE CHART (All Prices Per Item)

ITEM	YOUTH - ADULT XL	ADULT XXL	ADULT XXXL
T-SHIRT	$15	$17	$19
HOODIE	$40	$42	$44
SWEATPANTS	$30	$35	$35

ORDER SUMMARY

ITEM	QTY	TOTAL
T-SHIRTS		$
HOODIES		$
SWEATPANTS		$
GRAND TOTAL		$

THANK YOU FOR SUPPORTING EASTFORD ELEMENTARY!

All items are subject to availability.
No refunds or exchanges on spirit wear.

PAYMENT METHOD

- ☐ CHECKS Payable to: EASTFORD PTO
- ☐ CASH

ORDERS DUE: SEPTEMBER 11

TURN AROUND TIME: APPROXIMATELY 3 WEEKS FOR DELIVERY

Let's go, Eastford!