



**Voluntown  
Elementary  
School**

P.O. Box 129  
195 Main Street  
Voluntown, CT 06384-1821  
860/376-2325  
Fax 860/376-6690

August 2018

Dear Parents/Guardians and Families of VES Students,

Welcome to the start of another wonderful school year! We believe that student success lies in creating a positive school climate and a strong home/school connection. We welcome all families to engage in classroom and school-wide activities.

Per the Connecticut Department of Education, all school districts must submit an All-Hazards School Security & Safety Plan on an annual basis. The All-Hazards School Security & Safety Plan outlines safety and security processes and procedures for Voluntown Public School to follow in regards to general school safety and security, as well as with individuals working in or visiting the school.

We have created a Visitor/Volunteer Guidelines document, which outlines our safety and security processes and procedures.

Any parent/guardian/family member, wishing to volunteer in a classroom or with an activity, which takes place during school hours (Field Trip or Field Day), must complete 1) DCF Authorization Form and 2) must schedule a brief meeting with the School Administration to review school policies and safety procedures. **This must be completed each school year.**

Attached you will find the 2018-2019 Visitor/Volunteer Guidelines and a DCF Authorization Form.

Voluntown Elementary School is committed to the safety and security of students, faculty, staff, contractors and visitors on its campus. We thank you for your cooperation and understanding!

Best Regards

Alycia M. Trakas  
Principal/Assistant Superintendent  
[atrakas@voluntownct.org](mailto:atrakas@voluntownct.org)  
(860) 376-2325

Amy L. Suffoletto  
Assistant Principal  
[asuffoletto@voluntownct.org](mailto:asuffoletto@voluntownct.org)  
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**2018-2019**

**Visiting our School**

Effective as of November 2015

To: Visitors to Voluntown Elementary School

From: Alycia M. Trakas, Principal/Assistant Superintendent & Amy L. Suffoletto, Assistant Principal

Hello Visitors to VES,

When you are visiting VES, we ask that you please follow our Visitor Guidelines below in order to ensure the security and safety of our students and staff.

Upon arrival to VES, please buzz in and report directly to the main office for further instructions.

If you are:

● **Visiting to drop off your child(ren):**

- We ask you to sign in your child(ren) at the main office. Parents of students in PreK and K will be asked to meet a staff member with your child at the Early Childhood doors. Students in 1<sup>st</sup>-8<sup>th</sup> grade will be able to walk themselves to class.

● **Visiting to pick up your child(ren):**

- During the school day (until 7:44pm) ~ We ask you to sign out your child(ren) at the main office and kindly wait for your child to pack-up and arrive at the main office for dismissal. Parents of students in PreK and K will be asked to meet a staff member at the Early Childhood doors with your child. Students in 1<sup>st</sup>-8<sup>th</sup> grade will be able to walk themselves to the office to meet you.
- At the end of the school day (dismissal at 7:64pm) ~ There is no need to come into the school building. Your child(ren) will be dismissed from the Early Childhood doors before all buses have been dismissed. Parking is available in the Early Childhood parking lot. Just a friendly reminder that we must be aware you are picking up your child(ren) by 3:00pm.
- From the School Nurse due to illness ~ We ask you to sign in at the main office to receive a "Visitor's Badge" and then report to the Nurse's Office to pick up your child(ren). We ask that you kindly return to the main office to sign out your child(ren) and return your badge.

• **Visiting for a scheduled meeting with a VES Staff member:**

- We ask you to sign in to receive a "Visitor's Badge" and then kindly wait in the main office. A VES Staff member will escort you TO and FROM the scheduled meeting.

• **Visiting to eat lunch with your child(ren):**

- We ask you to sign in and receive a "Visitor's Badge". It is required to call the office and let us know that you plan to visit for lunch, so that we may reserve a table for you and your child(ren). You may only eat lunch at the designated "Visitor's Table". Unfortunately, no other students are allowed to eat lunch with you and your child(ren).

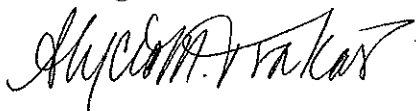
• **If you want to go into your child(ren)'s classroom to visit or accompany them on a field trip, we consider that "volunteering":**

- Please make an appointment for a Volunteer Meeting with School Administration to review confidentiality and safety procedures. Per CT SDE, it is required that you complete a DCF Authorization Form and have a meeting PRIOR to volunteering at VES or going on a field trip.
- After you have completed all requirements to be Volunteer, please coordinate volunteering with your child(ren)'s classroom teacher, as they will be aware of their specific classroom schedule and needs.
- Upon arrival to VES, we ask that you sign in as a volunteer and receive a "Volunteer Badge". You must remain in the designated area that you have been assigned/approved. We ask that you not roam the building or visit other classrooms as it interferes with the delivery of instruction and has the potential to disrupt the normal school environment.
- It is required that you have a Volunteer Meeting with School Administration and complete a DCF Authorization Form on an annual basis (every school year).

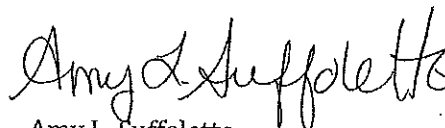
Thank you for complying with our Visitor Guidelines in order to keep our students and staff safe!

If you have any questions, please feel free to contact us at (860) 376-2325.

Best Regards,



Alycia M. Trakas  
Principal / Assistant Superintendent  
[atrakas@voluntownct.org](mailto:atrakas@voluntownct.org)



Amy L. Suffoletto  
Assistant Principal  
[asuffoletto@voluntownct.org](mailto:asuffoletto@voluntownct.org)

CC: VES Staff

(AMT on 6/22/18)

(More information on the reverse side)



I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research  
 \_\_\_\_\_ *Applicant Name*

its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one):

Employment  Day Care  Volunteer  Intern  Mentor  Other:

Name of Agency: **Voluntown Board of Education** Attention: **Rachel Ricard**

Address: (No. and Street): **195 Main St., P.O. Box 129** Apartment #: \_\_\_\_\_ City: **Voluntown** State: **CT** Zip: **06384**

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department of Children and Families in their search.

Last Name	First Name:	Middle:	DOB:	SS:
Address: (No. and Street):	Apartment #:	City:	State:	Zip:
				Years at current address?: Years _____ Months _____

Previous Address(es) List All for the Last Five Years (continue on reverse side of form if necessary)  Check if reverse side used

Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Dates From: (Month/Year)	Dates To: (Month/Year)

Other Names I have Used - Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)  Check if reverse side used

Last Name	First Name:	Middle:	DOB:	SS:

Name of Spouses/Other Adults in the Home - Past and Present (continue on reverse side of form if necessary)  Check if reverse side used

Last Name	First Name:	Middle:	DOB:	Signature (if still in Home)	Date:

Names of ALL Child(ren) - Biological, Stepchildren Including Adult Children In or Out of the Home  Check if reverse side used

Last Name	First Name:	Middle:	DOB:	Gender:

Do you have an active DCF investigation at this time?  Yes  No Do you have an active appeal of a DCF investigation at this time?  Yes  No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.

\*\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Careline Background Searches - 505 Hudson Street - 5<sup>th</sup> Floor - Hartford, CT 06106 or FAX: 860-560-7071  
 DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE

Date:	Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Processors Initials:
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