

**Receipt and Verification of the Annual  
Parent/Guardian Notifications for School Readiness/Pre-School**

Voluntown Public Schools  
Voluntown, Connecticut  
September 2019

Dear Parents and/or Guardians,

State laws require schools to provide parents, guardians, students and the public with information that pertains to policies or public notices at the beginning of each school year. The attached Student/Parent Handbook has been updated to assure consistency with changes in board policies, regulations, new state and federal requirements, and changes in local procedures and practices.

In order to verify receipt of this information, parents/guardians are directed to sign this form and return it to school to signify you have read and reviewed the handbook with your child. Information is also available on our school website. Please take the time to complete this form by initialing each item below and signing your full signature on the appropriate spaces.

Adam S. Burrows  
Superintendent of Schools

Amy L. Suffoletto  
Principal

Lloyd A. Johnson, Ph.D.  
Director of Student Services

**Annual Parent/Guardian Notifications**

\_\_\_\_\_ I have received a copy of the **2019-2020 Student/Parent Handbook** and have read its contents.

\_\_\_\_\_ I acknowledge receipt of the **Absences/Attendance/Tardy Policy** on pages 6.

\_\_\_\_\_ I acknowledge receipt of the **Annual Notice for Bullying** on page 10.

\_\_\_\_\_ I acknowledge receipt of the **Bus Camera Regulations** on pages 12.

\_\_\_\_\_ I acknowledge receipt of the **Discipline Policy** on pages 16.

\_\_\_\_\_ I acknowledge receipt of the **Immunization Requirements** on page 19.

\_\_\_\_\_ I acknowledge receipt of the **Influenza shot** information on page 21

\_\_\_\_\_ I acknowledge receipt of the **Media Release** information on page 23.

\_\_\_\_\_ I give permission *OR* \_\_\_\_\_ I do not give permission to

**release my child's name/picture/work on the VES website/social media and news releases.**

\_\_\_\_\_ I acknowledge receipt of the **Non-Discrimination Policy** on page 23.

\_\_\_\_\_ I acknowledge receipt of and give permission for my child to participate in **Outside Activities** on page 24.

\_\_\_\_\_ I acknowledge receipt of the **Parent Involvement Policy** on page 25.

\_\_\_\_\_ I acknowledge receipt of the **Pesticide Application Annual Notice** on page 26.

\_\_\_\_\_ I do not want notification *OR* \_\_\_\_\_ I do want notification in the event of an application.

\_\_\_\_\_ I acknowledge receipt of the **Federal Education Rights and Privacy Act (FERPA)** on page 26.

\_\_\_\_\_ I acknowledge receipt of the **Sexual Harassment/Harassment/Title IX Policy** on page 30.

**Please detach this sheet, complete both sides, and return to your child's homeroom teacher.**

Name of Student: \_\_\_\_\_ Homeroom: PKW or PKG / AM or PM

Name of Student: \_\_\_\_\_ Homeroom: PKW or PKG / AM or PM

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature indicates receipt of the School Readiness Student/Parent Handbook)*

**Attention: Please complete the backside of this page!**

**Identifying Dominant Language Spoken by Students (PA 77-588)**

In what language do you speak to your child(ren) in the home? \_\_\_\_\_

In what language does your child(ren) respond to you in the home? \_\_\_\_\_

What language did your child(ren) first learn? \_\_\_\_\_

**Annual Enumeration: Required for our 2019-2020 Population Count**  
**(Please complete the following information listing all children residing at your residence)**

Legal Full Name of Child	DOB	Age	School	Grade

If you have more than one child attending Voluntown Elementary School, or one of our high schools, only one form needs to be completed.

**Income Guidelines for Free and Reduced Breakfast and Lunch in 2019-2020**

Income Guidelines can be used from July 1, 2019 to June 30, 2020

The following information is **REQUIRED** for state and federal grant statistics:

Use the table below to determine your answer to the following question:

***Based on the number of family members in your household,  
is your income equal to or below the income guidelines listed?***

**Please check one:**       Yes       No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional family member	+8,177	+682	+341	+315	+158