



Student
Information
Sheet

School Year 2025-2026

Student Name (First - Middle - Last)	DOB (MM-DD-YYYY)	Grade (25-26 School Year)
Mailing Address	Street Address	
(Grades 3 - 12 only) Student may walk/bike to and from school <input type="checkbox"/> Yes <input type="checkbox"/> No		

Family Information				
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian*	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father	Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name				
Mailing and Street Address (if not living with student)				
Home Phone	Cell Phone	Cell Phone		
Parent's Email				
Employer	Work Phone	Employer	Work Phone	
Please use this space to inform the school of any parental custody rights/guardianship* involving your student. A properly executed court document may be requested for your student's file.				

Emergency Contacts: (In the event of emergency, if parents cannot be reached, we will contact those listed below.)			Other People Allowed To Pick Up Student:	
Name	Relation to Student	Phone	Name	Relation to Student
Name	Relation to Student	Phone	Name	Relation to Student

(Please turn over, more to complete on back of form...)

Medical Information		
Insurance Information		
Insurance Company	Policy Number	Group Number
Medicaid ID		
<p>Please list any allergies or medical conditions the school should be aware of below:</p>		
<p>Medication Although the Board discourages the administration of medication to students during the day when other options exist, it is recognized that in some instances a student's chronic or short-term illness, injury or disabling condition may require the administration of medication during the school day. Students with allergies, diabetes, or asthma may be authorized by the building principal, in consultation with the school nurse, to possess and self-administer emergency medication from an epinephrine pen (EpiPen), insulin, or asthma inhaler during the school day, during field trips, school-sponsored events, or while on a school bus. If your child requires any type of medication, whether self-administered or administered by school personnel, please check the box below and a separate form will be sent home for your completion. Please review the medication policy on the school website at https://www.sad12.org/policiesofschool.</p> <p><input type="checkbox"/> <i>My child is required to take medications (self-administered or school personnel administered) while at school. Please send the appropriate forms home.</i></p>		
Information Requested By The Maine Education Data Management System (MEDMS)		
<p>The Maine Education Data Management System (MEDMS) allows the Maine Department of Education to communicate with local school administration districts and cooperatively manage their data for state and federal regulatory assessment compliance, while managing the department's internal database and information flow. MEDMS meets the "No Child Left Behind" (NCLB) Federal Reporting Requirements, satisfies the State of Maine Chapter 125 and 127 requirements and complies with federal Family Educational Rights and Privacy Act (FERPA) and with the Health Insurance Portability Act (HIPAA).</p>		
Student's City of Birth:	County of Birth:	State of Birth:
Birth Order:	Ethnicity:	Native Language: _____
		Translator/Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Data		
Social Security Number:	Mother's Maiden Name:	

Forest Hills Consolidated School

606 Main Street, Jackman ME 04945
207-668-5291 www.sad12.org

2025-2026 School Year

Student's Name: _____

Grade: _____

Please review the following and check yes or no to each statement.

YES	NO	
		My child and I have reviewed the 2025-2026 Student Handbook. (Please view Handbooks online at www.sad12.org) Copies may also be obtained at the school office upon request.
		I have reviewed the 2025-2026 Policy Handbook (Please view Policies online at www.sad12.org) Copies may also be obtained at the school office upon request. In accordance with IJNDB-R Internet Policy, only new students to the district will receive the Internet Permission Form IJNDB-E.
		I have reviewed the application for free/reduced meals to determine whether my child is eligible or not. IMPORTANT NOTE: MSAD #12 encourages all families who qualify to take advantage of the federal and state subsidized free and reduced meal program. An application may be completed at any time during the school year if family income changes. PLEASE participate if you qualify!
		I give permission for my child's name, photograph, and/or examples of work to appear on the MSAD #12 website. <u>If no, please call the school office to be put on the No Website Displayed List</u> otherwise student may have name, photograph, and/or examples of work to appear on the MSAD #12 website.
		I give permission for my child's work to be displayed outside of school if the opportunity arises. If no, please call the school office to be put on the No Work Displayed list otherwise student may have work to displayed outside of school.
		<p>Federal law and regulations pertaining to family educational rights and privacy allow schools, without prior consent, to release at their discretion information from student educational records that has been designated by the school system as "directory information". MSAD #12 has designated the following as directory information: student's name, participation in officially recognized activities and sports, weight and height of student athletes, grade level in school of participants in extracurricular activities, date of attendance, honors and awards received. Parents who do not wish to have directory information regarding their student released should request such in writing to the Superintendent of Schools.</p> <p>In addition the "No Child Left Behind Act of 2001" contains provisions that require that the school unit provide student names, addresses and telephone numbers to military recruiters and institutions of higher learning when requested to do so, unless the student's parent/guardian, or student 18 years of age or older, requests in writing that such information not be released.</p>
		MSAD #12 may release my son/daughter's name, address, or telephone number to any military recruiting organization without my prior written consent.
		MSAD #12 may release my son/daughter's name, address, or telephone number to any institution of higher learning without my prior written consent.

Maine School Administrative District #12 and its representatives have my permission to use their discretion in the best interest of my child in an emergency situation if the emergency contact or I cannot be reached.

Parent/Guardian Signature (or Student over 18)_____
Date

**M.S.A.D. #12 POLICY
STUDENT INTERNET ACCESS ACKNOWLEDGMENT FORM**

No student shall be allowed to use the Internet until the student and parent/guardian have signed and returned this acknowledgment to the school.

Student:

I have read policy IJNDB — Student Computer and Internet Use and policy IJNDB-R — Student Computer and Internet Use Rules and agree to comply with them.

Signature of Student/Date

Parent/Guardian:

I have read policy IJNDB — Student Computer and Internet Use and policy IJNDB-R — Student Computer and Internet Use Rules and understand that my son/daughter's use of the Internet is subject to compliance with these rules.

Signature of Parent/Date

Approved: August 13, 2002

*All policies of the school can be found on our school website by visiting:
www.sad12.org/policiesofschool*

HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS – SY2026

Complete one application per household. Return completed form to: Forest Hills Consolidated School, 606 Main Street, Jackman, ME 04945

STEP 1: STUDENT INFORMATION List ALL students living in the household.

Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>

STEP 2: ASSISTANCE PROGRAMS Do any household members (including you) participate in SNAP, TANF or FDPIR?☐ No → Go to STEP 3.☐ Yes → Write name and SNAP/TANF number here and skip to STEP 4.

Name: _____

SNAP or TANF Number _____ Letter _____

STEP 3: HOUSEHOLD INCOME List all household members including yourself & students listed above. List gross income for each person. By entering '0' or leaving blank, you certify (promising) there is no income to report.

Names	Gross Income														
	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Public Assistance, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security, All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
All Household Members (including students listed above)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL HOUSEHOLD SIZE: (REQUIRED)															

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (required)

"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".

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Printed Name: _____ Phone: _____ Email: _____

Address: _____ Date: _____

* FOR SCHOOL USE ONLY *

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: _____ Household Size: _____ Free _____ Reduced _____ Denied _____ Categorically eligible free: _____

Determining Official's Signature: _____ Date: _____

Verification - Confirming Official's Signature: _____ Date: _____

STEP 5: Optional CHILDREN'S ETHNIC and RACIAL IDENTITIES You are **not** required to answer this question.

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other

NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

- ☐ Approved for applicable programs listed below (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Free Lunches | <input type="checkbox"/> Reduced price lunches at \$_____ per meal |
| <input type="checkbox"/> Free Breakfasts | <input type="checkbox"/> Reduced price breakfast at \$_____ per meal |
| <input type="checkbox"/> Free After School Snacks | <input type="checkbox"/> Reduced price After School Snacks at \$_____ per snack |
- ☐ Denied because:
- | | |
|---|---|
| <input type="checkbox"/> Household income is over the amount allowable. | <input type="checkbox"/> The application is missing_____. |
|---|---|
- ☐ Other_____.

You may appeal this decision by contacting the Hearing Official, Teresa Lovejoy, at 207-668-5291, Teresa.Lovejoy@sad12.org.

Sincerely,
Vanessa S. Dunning

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

- (1) **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) **fax:**
(833) 256-1665 or (202) 690-7442; or
- (3) **email:**
program.intake@usda.gov

This institution is an equal opportunity provider

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

STEP 1: STUDENT INFORMATION

- (a) List all students living in the household.
- (b) Include the name of the school they attend (if known).
- (c) If the student is a foster child, mark the 'foster child' box next to the child's name. If you are **ONLY** applying for a student who is a foster child, complete Step 1 and proceed to Step 4. If you are applying for foster children and non-foster children, go to Step 3. Adopted children are not considered foster children.
- (d) If you believe the student is Homeless or Migrant, check the 'Homeless/Migrant' box next to the child's name and complete the rest of the application. Homeless and migrant status must be confirmed with the appropriate program staff. If the school district cannot confirm this status, the school district may contact you.

STEP 2: ASSISTANCE PROGRAMS

- (a) If no one in your household participates in SNAP, TANF or FDPIR, check 'No' and proceed to Step 3.
- (b) If anyone in your household participates in SNAP, TANF or FDPIR, check 'Yes' and write in the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.

STEP 3: HOUSEHOLD INCOME

- (a) Write the names of each person living in your household including yourself and the students listed in step 1. A household is a person(s) living together that shares income and expenses, even if not related.
- (b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
- (c) Check the box for how often each income is received.
- (d) If self-employed, list income from your business as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross revenue.
- (e) Entering \$0 or leaving any income field blank is a positive indication there is no income to report.
- (f) Report total household size. This number must equal the number of household members listed in section 3.

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

The form **must** have the **signature** of an adult household member.

- (a) The adult household member who signs must include the **last four digits of his/her social security number**.
If he/she does not have a social security number, check the appropriate box. A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

STEP 5: CHILDREN'S ETHNIC and RACIAL IDENTITIES *Optional* – This field is optional and does not affect your child's eligibility for free or reduced meals. You are not required to answer this question, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work	Public Assistance/Child Support/Alimony Received	Pensions/Retirement/Social Security & Other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) If you are in the 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 -Worker's compensation -Social Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities-Investment income -Earned interest -Rental income -Regular cash payments from outside household

PARENT/GUARDIAN--ECONOMIC STATUS FORM

Data Collection used in the Essential Programs & Services State School Funding Allocation

Dear Parents/Guardians:

This form will provide information needed by the Maine Department of Education to determine Forest Hills School's eligibility status for **State Economically Disadvantaged funds** available within the Essential Programs & Services Funding Act. Data in this form is **not for school lunch purposes**, only to determine economic disadvantaged status for allocation of **State education funds****.

If you have any questions, please call Principal Lovejoy at 207.668.5291. The due date to return this form to your school administrator is September 25th, 2025. Thank you for your assistance.

Sincerely,
Teresa Lovejoy
Principal

Please use the table below as guidance to determine your student's economic status. If household income is equal to or less than the earnings for your household size in the chart below, then your student meets the lower income household criteria. Household size includes adults and children.

USDA Income Eligibility Guidelines*					
Effective from July 1, 2025 to June 30, 2026					
Household Size (including Adults)	Annual Earnings	Monthly Earnings	Twice Per Month Earnings	Every Two Weeks Earnings	Weekly Earnings
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$752
3	\$49,303	\$4,109	\$2,055	\$1,896	\$948
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,804	\$2,903	\$2,679	\$1,339
6	\$79,828	\$6,652	\$3,327	\$3,070	\$1,535
7	\$90,003	\$7,500	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,348	\$4,175	\$3,853	\$1,927
For each additional family member, add.....	\$10,175	\$848	\$424	\$392	\$196

Student's Last Name	Student's First Name	Name of School	Student's Current Grade	Student Meets Lower Income Household Criteria

Please duplicate this form for additional children. Return this form to your child's school by September 25th, 2025

Signature of Parent: _____ Date: _____

* Economically disadvantaged status is defined as students who are at or below 185% of Poverty Level per the current USDA Income Eligibility Guidelines <https://www.federalregister.gov/documents/2025/03/13/2025-03821/child-nutrition-programs-income-eligibility-guidelines#p-15>.

**Essential Programs and Services Statute [20-A §15672\(3\)](#).



Forest Hills Consolidated School

SA012 / RSU 82

Serving the Towns of Jackman & Moose River

Phone: 207.668.5291 www.sah012.org

Fax: 207.668.4482

First Day for students: **Tuesday, September 2nd**
(Tentative) Last Day for students: **June 15th**

July '25						
Su	M	Tu	W	Th	F	Sa
		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 '25						
Su	M	Tu	W	Th	F	Sa
					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						

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

October '25						
Su	M	Tu	W	Th	F	Sa
		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	
						22

November '25						
Su	M	Tu	W	Th	F	Sa
						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						
						16

December '25						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
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			
						15

January '26						
Su	M	Tu	W	Th	F	Sa
		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
						19

February '26						
Su	M	Tu	W	Th	F	Sa
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
						15

March '26						
Su	M	Tu	W	Th	F	Sa
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				
						22

April '26						
Su	M	Tu	W	Th	F	Sa
		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		
						17

May '26						
Su	M	Tu	W	Th	F	Sa
					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						
						20

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

Holidays / No School	Inservice (FH Staff) - NO SCHOOL	Quarter Ends / Report Cards Home	Progress Reports	Early Release (11:30 AM Dismissal)
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July 4th	Independence Day			
August 25th - 28th	Inservice (FH Staff)			
September 1st	Labor Day			
September 2nd	First Student Day of School			
October 3rd	Quarter 1 Progress Reports Home			
October 8th & 9th	Parent Teacher Conferences Early Release Day			
October 13th	Indigenous Peoples' Day			
October 31st / November 7th	Qtr 1 Ends / Report Cards Home			
November 11th	Veteran's Day			
November 26th - 28th	Thanksgiving Break			
December 5th	Quarter 2 Progress Reports Home			
Dec 22nd - Jan 2nd	Holiday Break			
January 16th / 23rd	Qtr 2 Ends / Report Cards Home			
January 19th	Martin Luther King Jr. Day			
February 13th	Early Release			
February 16th - 20th	Presidents' Day (16th) / February Vacation			
February 27th	Q3 Progress Reports Home			
March 4th	Early Release / Inservice (FH Staff)			
March 11th & 12th	Parent Teacher Conferences Early Release Day			
April 3rd / April 10th	Qtr 3 Ends / Report Cards Home			
April 17th	Early Release			
April 20th - 24th	Patriots' Day (20th) / Spring Break			
May 8th	Quarter 4 Progress Reports Home			
May 22nd	Early Release / Inservice (FH Staff)			
May 25th	Memorial Day			
June 6th	Graduation			
June 11th	QTR 4 Ends / Tentative Last Student Day / Early Release (only if last student day)			
June 12th	Inservice (FH Staff) - NO SCHOOL			

Student Days: 176
Staff Days: 181

2025-2026 School Bus Schedule



Morning Bus #1 – Driven by Jay McNally (399-3243)		
6:45-7:00 a.m.	Long Pond Township	Mackamp - Long Pond Turn Around to 811 Long Pond Rd
7:00-7:10 a.m.	Route 15	811 Long Pond Rd to Meadow Brook Loop to Route 201
7:10-7:15 a.m.	Route 201 South	Corner of Attean Rd. to 201 South Turn Around
7:15-7:25 a.m.	Route 201 North	203 Main Street to Murtha St, Marston East & Coburn East
7:30 a.m.		Arrive at School
Morning Bus #2 – Driven by Rhonda McNally (399-3745)		
7:00 a.m.	Moose River	Pick-ups begin at 704 Main Street, Sandy Stream Road, South on 201 to Heald Stream Road and Pleasant St. loop and continue South to School
7:15		Arrive at School
7:15-7:40	Route 201 South	School to 344 Main Street, including Forest & Spruce Street Loop, Coburn West & Marston West – Turn at Town Office continue to Birch Street
7:40		Arrive at School
Afternoon Bus #1 – Driven by Rhonda McNally		
2:05-2:20 p.m.	Route 201 South	Drop offs begin at 356 Main Street and continue on Main St. South to 201 South Turn Around
2:20-2:30 p.m.	Route 15	North on Route 201 to Rte 15, Meadow Brook Loop & Gilbert Street
2:30-2:45 p.m.	Long Pond Township	Gilbert Street to Mackamp
Afternoon Bus #2 – Driven by Jay McNally		
2:05-2:20 p.m.	Route 201 North	School North on Route 201, Sandy Stream Road - Pleasant Street & Heald Stream Road Loop,
2:20 -2:40 p.m.	Route 201 South	Route 201 South to 366 Main Street, including Forest & Spruce St Loop and Marston Street East & West