

Hartland Board of Education's 2025-2026 Budget

Item No.	Description	2024-2025		2025-2026 Proposed	
		Budget	Est. Expenses	Budget	Budget Increase
Salaries					
100	Supt/Principal	226,497	226,497	234,424	
110	Teachers' Salaries	1,467,733	1,460,062	1,440,304	
115	Substitutes' Salaries	31,050	31,050	32,006	
120	Head Teacher	2,500	2,500	2,500	
125	Extra Curricular Activities	20,950	18,450	19,700	
130	Administrative Asst.	69,455	69,455	71,875	
140	Office Aide	58,608	45,343	44,713	
150	Teaching Assistants	147,376	130,966	164,721	
160	Custodians	120,414	120,141	124,676	
180	Business Assistant	69,087	69,087	71,504	
190	Nurse	69,162	69,162	71,586	
Totals		2,282,832	2,242,713	2,278,009	-4,823 -0.2%
Employee Benefits					
200	Health Insurance	374,874	359,874	424,176	
210	Social Security	73,623	73,623	76,190	
220	Unemployment/Insurance	22,300	19,800	22,300	
230	Life Insurance	5,376	5,376	5,544	
240	Pension Plan	29,915	29,978	31,049	
Totals		506,088	488,651	559,259	53,171 10.5%
Purchased Services					
300	In Service	8,000	8,000	8,000	
310	Physician's Salary	1,000	1,000	1,000	
320	Attorney Fees	5,000	5,000	20,000	
330	Contracted Services	44,045	44,045	45,145	
340	Building Expenses & Repairs	35,000	55,000	35,000	
350	Regular Transportation	309,809	309,809	316,404	
351	Sp Ed Transportation	113,175	58,175	99,375	
360	Tuition	1,324,436	1,307,508	1,230,971	
361	Special Education	390,691	417,157	408,136	
365	Purchased Prof. Services	424,837	424,837	439,365	
370	Cultural Arts Education	4,500	4,500	3,500	
380	Dues & Fees	24,225	25,743	26,725	
390	IT Services	31,450	31,450	31,450	
Totals		2,716,168	2,692,224	2,665,071	-51,097 -1.9%
Utilities					
400	Electricity	22,755	26,255	31,506	
410	Telephone	5,520	5,520	7,320	
420	Heating Oil	75,000	75,000	68,750	
Totals		103,275	106,775	107,576	4,301 4.2%
Supplies & Materials					
500	Teaching Supplies	27,850	27,850	27,850	
520	Custodial Supplies	16,000	16,000	17,000	
530	Textbooks	10,950	10,950	10,950	
540	Special Education	3,000	3,000	5,500	
550	Computer Software	37,555	37,555	46,025	
555	Computer Supplies	10,000	8,000	8,000	
560	Library	7,000	7,000	7,000	
570	Health Supplies	2,300	2,300	2,500	
580	Other Expenses & Supplies	8,950	8,950	8,950	
Totals		123,605	121,605	133,775	10,170 8.2%
Capital Outlay					
600	Instructional Equipment	5,000	5,000	5,000	
610	Classroom Furniture	0	0	0	
620	Office Equipment	0	0	0	
630	Maintenance Equipment	0	0	0	
640	Capital Equipment	0	0	0	
Totals		5,000	5,000	5,000	0 0.0%
Grand Totals		5,736,968	5,656,968	5,748,690	11,722 0.20%

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Item No.		Description	2025-2026		2026-2027 Proposed	
			Budget	Est. Expenses	Budget	Budget Increase
Salaries						
100	Supt/Principal		234,424	234,424	243,350	
110	Teachers' Salaries		1,440,304	1,439,104	1,512,042	
115	Substitutes' Salaries		32,006	32,006	32,994	
120	Head Teacher		2,500	2,500	2,500	
125	Extra Curricular Activities		19,700	17,200	15,300	
130	Administrative Asst.		71,875	71,875	74,749	
140	Office Aide		44,713	44,713	46,460	
150	Teaching Assistants		164,721	124,721	153,434	
160	Custodians		124,676	124,676	129,621	
180	Business Assistant		71,504	71,504	74,358	
190	Nurse		71,586	71,586	74,093	
Totals			2,278,009	2,234,309	2,358,901	80,892 3.6%
Employee Benefits						
200	Health Insurance		424,176	411,340	483,262	
210	Social Security		76,190	73,190	76,476	
220	Unemployment/Insurance		22,300	20,300	21,500	
230	Life Insurance		5,544	5,544	5,148	
240	Pension Plan		31,049	30,150	31,336	
Totals			559,259	540,524	617,722	58,463 10.5%
Purchased Services						
300	In Service		8,000	8,000	6,000	
310	Physician's Salary		1,000	1,000	1,000	
320	Attorney Fees		20,000	13,250	5,000	
330	Contracted Services		45,145	47,145	50,250	
340	Building Expenses & Repairs		35,000	47,000	0	
350	Regular Transportation		316,404	330,654	324,016	
351	Sp Ed Transportation		99,375	120,930	109,020	
360	Tuition		1,230,971	1,188,515	1,361,142	
361	Special Education		408,136	468,136	633,586	
365	Purchased Prof. Services		439,365	439,365	459,556	
370	Cultural Arts Education		3,500	3,500	3,000	
380	Dues & Fees		26,725	27,561	28,825	
390	IT Services		31,450	31,450	32,551	
Totals			2,665,071	2,726,506	3,013,946	348,875 13.1%
Utilities						
400	Electricity		31,506	26,506	28,361	
410	Telephone		7,320	7,320	7,686	
420	Heating Oil		68,750	78,750	83,100	
Totals			107,576	112,576	119,147	11,571 10.8%
Supplies & Materials						
500	Teaching Supplies		27,850	27,850	22,600	
520	Custodial Supplies		17,000	17,000	17,000	
530	Textbooks		10,950	10,950	10,950	
540	Special Education		5,500	5,500	4,500	
550	Computer Software		46,025	42,025	41,205	
555	Computer Supplies		8,000	8,000	7,000	
560	Library		7,000	7,000	6,200	
570	Health Supplies		2,500	2,500	2,500	
580	Other Expenses & Supplies		8,950	8,950	8,950	
Totals			133,775	129,775	120,905	-12,870 -9.6%
Capital Outlay						
600	Instructional Equipment		5,000	5,000	3,500	
610	Classroom Furniture		0	0	0	
620	Office Equipment		0	0	0	
630	Maintenance Equipment		0	0	0	
640	Capital Equipment		0	0	0	
Totals			5,000	5,000	3,500	-1,500 -30.0%
Grand Totals			5,748,690	5,748,690	6,234,121	485,431 8.44%


Lebensbescheinigung 2026 / Life Certificate 2026 / Certificat de vie 2026

Bitte per Brief im Original bis zum 31. Juli 2026 zurück an (s. Rückseite)

Please return original by mail by July 31, 2026 (see reverse)

Veuillez renvoyer l'original par courrier d'ici le 31 juillet 2026 à (voir au verso)

Füllen Sie bitte Teil A1, A2 und B aus. Falls die rentenberechtigte Person verstorben ist, bitte Teil D ausfüllen und zurücksenden.
Bei Schreibunfähigkeit siehe auch Teil C1
www.rentenservice.de/LB

Please complete Parts A1, A2 and B. If the pension beneficiary is deceased, please complete and return Part D. If unable to write, see also Part C1.
www.rentenservice.de/LB

Veuillez remplir les parties A1, A2 et B. Si le/la titulaire de la pension est décédé(e), veuillez remplir la partie D. En cas d'incapacité à écrire, veuillez également remplir la partie C1 et la renvoyer.
www.rentenservice.de/LB

A1 Daten der rentenberechtigten Person /
Information regarding the pension recipient / Données du/de la bénéficiaire de la pension

Vor-/Nachname / First name/Surname / Prénom/Nom

Barbara Zenker

Geburtsdatum, Geburtsname / Date of birth, Maiden name / date de naissance, nom de naissance

22.12.1944; Schedensack

Aktuelle Anschrift / Current address / Adresse actuelle

14 Jennifer Ln
EAST HARTLAND CT 06027-1522 USA

Angabe von Änderungen / Details of changes / Indication de modifications:

Aktueller Familienstand / Current marital status / Statut familial actuel

verwitwet / Widowed / Veuf/veuve

A2 Eigenhändige Unterschrift der rentenberechtigten Person /
Personal signature of the pension beneficiary / Signature manuscrite du/de la titulaire de la pension/de l'ayant-droit

East Hartland, July 13, 2026
Ort, Datum / Place, date / Lieu, date

B. Zenker B. Zenker
eigenhändige Unterschrift der rentenberechtigten Person / Personal signature of the pension beneficiary / Signature manuscrite du/de la titulaire de la pension/de l'ayant-droit

B Bestätigung durch berechtigte Stelle /
Confirmation by competent authority / Attestation de l'organisme habilité

Wenn anstelle der rentenberechtigten Person eine andere Person vorspricht, ist (zusätzlich zu Teil B) auch Teil C1 und C2 auszufüllen.
If a different person is speaking on behalf of the pension beneficiary, Parts C1 and C2 must also be completed (in addition to Part B).

Si une autre personne se présente à la place du/de la titulaire de la pension, il convient de remplir également les parties C1 et C2 (en plus de la partie B).

Zur Bestätigung berechtigte Stellen: Botschaften, Konsulate, Behörden, Stadtverwaltung, Rentenversicherungsträger, Krankenkasse, Krankenhaus, Geldinstitut, Rotes Kreuz, Pfarramt, Rabbinate, Notar, Polikliniken

Competent authorities: Embassies, consulates, public authorities, municipal administration, pension insurance institution, health insurance companies, hospitals, financial institutions, Red Cross, parish office, Rabbinate, notaries, polyclinics

Organismes habilités à délivrer une attestation : ambassades, consulats, autorités publiques, administration municipale, organisme d'assurance retraite, caisses d'assurance maladie, les hôpitaux, établissement financier, Croix-Rouge, paroisse, rabbinate, les offices notariaux, les polycliniques

Die

rentenberechtigte Person hat
The pension beneficiary has
Le/la titulaire de la pension

☒ persönlich vorgesprochen
spoken in person
s'est présenté(e)
personnellement

☐ nicht persönlich vorgesprochen (weitere Angaben erforderlich Teil C2)
not spoken in person (further details required, Part C2)
ne s'est pas présenté(e)
personnellement (informations complémentaires requises, partie C2)

Stempel der Bestätigungsstelle /
Stamp of confirmation authority /
Tampon de l'organisme d'attestation

Ort und Datum / Place and date / Lieu, date

13 July 2026
Hilary M Wilson

Name Mitarbeiter / Employee name / Nom du collaborateur

Unterschrift der Bestätigungsstelle / Signature of confirmation authority / Signature de l'organisme d'attestation

Bitte hier unten ankreuzen / Please check the box below / Veuillez cocher ci-dessous

☒ Behörde / Public authority / Autorité

☐ Bank / Bank / Banque

☐ Sonstige / Other / Autres

C1 Bestätigung eines Arztes/einer Pflegeeinrichtung/eines Krankenhauses
Confirmation by a doctor/care facility/hospital
Attestation d'un médecin/d'un établissement de soins/d'un hôpital

Dies ersetzt nicht die Bestätigung der berechtigten Stelle in Teil B! /
 This does not replace confirmation by the competent authority in Part B /
 Ne remplace pas l'attestation de l'organisme habilité dans la partie B!

- ☐ Die rentenberechtigte Person lebt, kann aber nicht persönlich bei einer berechtigten Stelle vorsprechen.
The pension beneficiary is alive, but cannot speak personally to a competent authority.
 Le/la titulaire de la pension est en vie, mais ne peut pas se présenter personnellement auprès d'un organisme habilité.
- ☐ Die rentenberechtigte Person lebt und kann nicht eigenhändig unterschreiben.
The pension beneficiary is alive and cannot sign personally.
 Le/la titulaire de la pension est en vie mais ne peut pas signer personnellement.

- ☐ Arzt / Doctor / Médecin
☐ Pflegeeinrichtung / Care facility / Établissement de soins
☐ Krankenhaus / Hospital / Hôpital

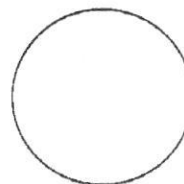
Stempel Arzt / Pflegeeinrichtung /
 Krankenhaus /
 Stamp of doctor/care facility/hospital /
 Tampon du médecin / de l'établissement de
 soins / de l'hôpital

.....
 Name / Name / Nom

.....
 Adresse / Address / Adresse

.....
 Datum / Date / Date

.....
 Unterschrift / Signature / Signature



C2 Ergänzende Angaben zur Person, die anstelle der rentenberechtigten Person vorgesprochen hat
Additional details about the person speaking on behalf of the pension beneficiary
Informations complémentaires sur la personne qui s'est présentée à la place du/de la titulaire de la pension

.....
 Name / Name / Nom

.....
 Adresse / Address / Adresse

.....
 Unterschrift der vorsprechenden Person / Signature of the person speaking on behalf of the pension beneficiary / Signature de la personne qui s'est présentée

D Mitteilung bei Tod der rentenberechtigten Person
Notification in the event of the death of the pension beneficiary
Notification en cas de décès du/de la titulaire de la pension

- ☐ Die rentenberechtigte Person ist verstorben am:
The pension beneficiary is deceased on:
 Le/la titulaire de la pension est décédé(e) le: Sterbedatum der rentenberechtigten Person / Date of death of the pension beneficiary / Date du décès du/de la titulaire de la pension

Sterbeurkunde bitte in Kopie beifügen. / Please enclose a copy of the death certificate. / Veuillez joindre une copie du certificat de décès.

Angabe zur Person, die den Tod mitteilt / Details regarding the person providing notification of death / Données concernant la personne qui déclare le décès:

.....
 Name / Name / Nom

.....
 Adresse / Address / Adresse



Original zurück: / Return original to: / Original renvoyé à:

Deutsche Post AG
Niederlassung Renten Service
04078 Leipzig
Germany

Weitere Informationen zur Lebensbescheinigung finden Sie unter www.rentenservice.de/LB
 Further information regarding the Life Certificate can be found at www.rentenservice.de/LB
 Pour de plus amples informations sur le certificat de vie, veuillez consulter le site www.rentenservice.de/LB

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