

Franklin Borough School

50 Washington Ave. ~ Franklin, NJ 07416
Phone 973-827-9775 ~ Fax 973-827-6522

John R. Giacchi
Chief School Administrator

Barbara A. Decker
Business Administrator
Board Secretary

September 6, 2018

Dear Parent/Guardian:

I am pleased to present the 2018-2019 Franklin Borough School (FBS) calendar/handbook for your review. **NOTE: After reviewing this FBS calendar/handbook with your child(ren), please sign and return the form on the back side of this letter to your child's teacher to indicate your receipt and review of this document.**

In addition to the information you will find in this FBS calendar/handbook like the discipline policy, the dress code policy, and delayed opening times, you will find information on the school's website at www.fboe.org. Some items of particular interest that you will find on the school's website, and some important dates for September are listed below:

- **Oncourse Connect Parent Portal** allows parents and students to view grades, attendance, homework, and other information online. Please contact the office if you need support creating an account.
- **MealTime** is Franklin Borough School's lunch program software. Enrolling in MealTime allows you to track your child's account balance and add money to his/her account. Please contact the office if you need support creating an account.
- **SchoolMessenger** is Franklin Borough School's automated emergency alert system.

Important Dates:

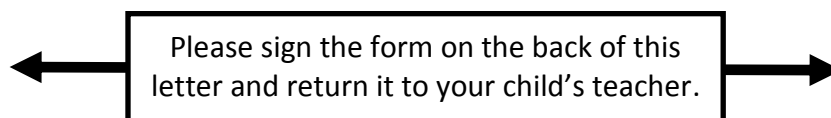
- September 11, 2018 - Sports Physicals for students in grades 5 - 8 at 8:30 a.m.
- September 11, 2018 - Back-to-School Night for Students in grades Pre-school - 4 at 6:30 p.m.
- September 13, 2018 - Back-to-School Night for Students in grades 5 - 8 at 6:30 p.m.
- September 18, 2018 - School Pictures for Students in grades K - 4 beginning at 8:10 a.m.
- September 19, 2018 - School Pictures for Students in grades 5 - 8 at 8:10 a.m.
- September 20, 2018 - 12:30 Student Dismissal

Additionally, please note that Policy 8601 is not included in the calendar/handbook and is attached to this letter. Please read it carefully.

I look forward to a creative and rewarding school year!

Regards,

J.R. Giacchi,
Chief School Administrator



Calendar Verification Form

After reviewing the FBS calendar/handbook with your child(ren), please sign and return this Calendar Verification Form to your child's teacher to indicate your receipt and review of this document.

Please list all children attending Franklin School:

Student: _____	Grade: _____	Teacher: _____
Student: _____	Grade: _____	Teacher: _____
Student: _____	Grade: _____	Teacher: _____
Student: _____	Grade: _____	Teacher: _____

Calendar Verification: *(Please initial EACH line.)*

_____ I have received the 2018-2019 calendar/handbook and reviewed it with my child.
_____ I have received and reviewed Board Policy #8601, Pupil Supervision After School Dismissal.
_____ I have reviewed the dress code, and my child(ren) is/are aware of the type of clothing that is appropriate for school.

School-wide Survey: *(Please initial one.)*

_____ I GIVE my permission for my child/children to participate in school-wide surveys.
_____ I DO NOT give my permission for my child/children to participate in school-wide surveys.

Digital Notification: *(Please initial only if you require paper notifications to be sent home.)*

FBS uses social media outlets to notify parents/guardians of school events and date changes. Social media outlets consist of, but are not limited to, the school's website (www.fboe.org), SchoolMessenger, the Franklin School App, Facebook, etc.

_____ I DO NOT have access to Wi-Fi or a digital platform to view notifications and, therefore, request paper notifications to be sent home as necessary.

Health Insurance Information: *(Please complete the information below.)*

The state has mandated that health insurance information be on file for each student enrolled at Franklin School. Therefore, please complete the information regarding this issue below.

YOU MUST COMPLETE THE FOLLOWING HEALTH INSURANCE INFORMATION:

<p>Health Insurance Information: Do all of the above-named children have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?</p> <p>_____ YES My child(ren) has health insurance.</p> <p>_____ NO My child(ren) does not have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance. NJ FamilyCare provides free or low-cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org or call 1-800-701-0710.</p> <p>Signature: _____ Printed Name: _____ Date: _____</p> <p><i>Written consent required pursuant to 20 U.S.C § 1232g (b)(1) and 34 C.F.R 99.30(b)</i></p>
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Parent/Guardian Signature _____ **Date** _____