

# Franklin Borough School

50 Washington Ave. - Franklin, NJ 07416

Phone 973-827-9775 - Fax 973-827-6522

Patricia J. Pfeil, Ed.D., Principal  
Carolyn Ryder, Supervisor of Instruction

Suzanne Crisman, School Counselor  
Meg Gummere, LDTC/CST Coordinator

September 2, 2015

Dear Parent/Guardian:

We are pleased to present to you the 2015-2016 calendar/handbook for your review. Within its pages you will find pertinent school information as well as the discipline policy. Please note Policy 8601 is not included in our calendar/handbook and is attached to this letter. Please read it carefully. After reviewing the handbook with your child(ren), please sign and return this form to your child's homeroom teacher to indicate your receipt and review of this document.

**Important:** Throughout the year, we would like to share the wonderful things that are happening at Franklin School with the community by having photographs and videos of school events released through print media and our local cable station/television. Please sign below and check the appropriate box regarding your child's name and photograph being released to the media.

The state has mandated that health insurance information be on file for each student enrolled at Franklin School. Consequently, please be sure to complete the information regarding this issue below. Thank you for your continued support.

We are looking forward to a creative and rewarding school year.

Yours truly,

Yours truly,

Thomas N. Turner, Ed.D.  
Superintendent

Patricia J. Pfeil, Ed.D.  
Principal

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## Please list all children attending Franklin School:

\_\_\_\_\_ Gr. \_\_\_\_ Teacher \_\_\_\_\_      \_\_\_\_\_ Gr. \_\_\_\_ Teacher \_\_\_\_\_  
\_\_\_\_\_ Gr. \_\_\_\_ Teacher \_\_\_\_\_      \_\_\_\_\_ Gr. \_\_\_\_ Teacher \_\_\_\_\_

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

\_\_\_\_\_ I have received the 2015-2016 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 aware of the type of clothing that is **not** appropriate for school.

## Photo Release Verification: (Please initial all that are appropriate.)

\_\_\_\_\_ I GIVE my permission to release my child/children's photo and/or name to the media for school-related information.  
\_\_\_\_\_ I DO NOT give my permission to release my child/children's photo and/or name to the media for school-related activities.  
\_\_\_\_\_ However, I GIVE my permission to publish my child's picture in the school yearbook.

## School-wide Survey: (Please initial all that are appropriate.)

\_\_\_\_\_ 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.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## YOU MUST COMPLETE THE FOLLOWING HEALTH INSURANCE INFORMATION:

**Health Insurance Information:** Do all of the above-named children have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

\_\_\_\_\_ **YES** My child(ren) has health insurance.  
\_\_\_\_\_ **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.nifamilycare.org](http://www.nifamilycare.org) or call 1-800-701-0710.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Written consent required pursuant to 20 U.S.C § 1232g (b)(1) and 34 C.F.R 99.30(b)*

*Homeroom teachers: Please return to the Supervisor of Instruction's office.*