

TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS

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MEDICAL EXAMINATION NOTICE

The Township of Franklin Board of Education policy and New Jersey law require that a medical examination be completed on all students entering school. This includes students entering kindergarten or preschool and those transferring into the Township of Franklin School District from another state or country. Each of these students must present written proof of a completed medical examination prior to attending the Township of Franklin Public Schools.

According to state law, **Each student medical examination shall be conducted at the medical home of the student, and a full report sent to the school (N.J.A.C. 6A:16-2.2).** This regulation specifically mandates that all students have examinations by their family physician. If you do not have a family physician (medical home), please contact the school nurse in your child’s school.

A Physical Examination Report must be completed by your child’s physician and returned to the school nurse in your child’s school. You can obtain this form from the school nurse, the Board Office/Administration Building, or the district’s website - www.franklintwpschools.org (click on *Parents/Students* and then *Health Office*) If you have any questions or concerns, please contact the school nurse in your child’s school.

For the purpose of enrollment, The Township of Franklin Public School District is requesting that your child, or the child for which you are the Guardian, have a medical examination or that you present proof that they have had a recent medical examination. Please complete the following accordingly.

Student’s Name _____ School _____ Grade _____

_____ My child has had a medical examination completed by his/her family physician within the last twelve months from this date. The completed Physical Examination Report will be returned directly to the school nurse.

_____ My child will have a medical examination completed by his/her family physician within thirty (30) days from this date. The completed Physical Examination Report will be returned directly to the school nurse.

_____ My child does not have a family physician (please contact the school nurse).

Parent/Guardian Signature _____ Date _____