

TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS
Administration Building

SPRING REGISTRATION FOR KINDERGARTEN CHILDREN

Kindergarten registration dates have been set for our school district. If your child will be five years old on or before October 1, 2009, he/she is eligible to begin school in September. Children born after October 1, 2004 are not eligible for school in September 2009.

Registration dates are: Tuesday, May 12, 2009 - Child=s last name beginning with A - L
Tuesday, May 19, 2009 - Child=s last name beginning with M - Z

Registration will be held in the **Administration Building Conference Room** by appointment only. Upon receipt of this form, our school nurse will contact you for a specific time to register. She and our school physician, Dr. Joseph DiLisi, will be available to provide the required medical examination for your child. The medical examination may be completed by your family physician. However, your family physician must complete the district=s **Medical Examination** form and return it to the school nurse. **(Form is available from the school nurse)**

Records required for school registration are the child=s birth certificate and two (2) proofs of residency in the Township of Franklin. Acceptable forms of proofs of residency are a current property tax bill or lease agreement and a current utility bill. Parents who are living with a township resident must present a notarized statement indicating the same in addition to the other proofs of residency. Also required is a doctor=s certificate for proof of the following immunizations:

- # **3 DPT=s plus a booster (total = 4 doses). The booster must be given on or after the fourth birthday**
- # **2 Polio vaccines plus a booster. The booster must be given on or after the fourth birthday**
- # **Measles, Mumps, Rubella (MMR) given on or after the first birthday plus a booster given at least one month after the first dose.**
- # **Hepatitis B Series (3 doses)**
- # **Varicella (Chicken Pox) given on or after the first birthday or proof of disease immunity.**

If immunization records are not complete, **please come to registration anyway**. The school nurse will discuss health information with you. She wants to help you have your child fully immunized. Our school nurse is most grateful for the sincere effort our parents have made in the past, and looks forward to your help and cooperation.

Please register your child on time. We want every child to be ready for school in September so they have a good, enjoyable beginning. The successful registration of new students has happened because our parents have been so cooperative. We are depending upon you for another successful Kindergarten registration.

Sincerely,

Michael G. Kozak
Superintendent

If you have a child or know of a child eligible to register, complete this form and return it to school by Monday, April 6, or click [here](#) to register online.

Name of Child _____ Date of Birth _____ Home Telephone No. _____
Cellular No. _____ Name of Parents _____ Work No. _____
Address _____
