

School Administrative Unit 18

FRANKLIN SCHOOL DISTRICT
119 Central Street
Franklin, New Hampshire 03235
(603) 934-3108 - FAX (603) 934-3462
www.sau18.org

Daniel LeGallo, Jr.
Superintendent

Jefferson Braman
Business Administrator

Thank you for responding to our need for substitute teachers. Please follow the instructions below for each of the following forms:

Application – Circle substitute (any other area of interest), indicate the grade levels desired, and fill out the form as completely as possible.

Form W-4 – Complete the form according to instructions and your need.

Form I-9 – Complete page one (1) only (through your signature and date). PLEASE NOTE: Look at the document lists on the reverse side and select one document from Column A – **or** one document from Column B **and** one document from Column C. We must see the original of each document. The only exception to this rule is a birth certificate – a certified copy with stamp or seal is acceptable but not a copy. (In the event you need a replacement document, we can temporarily accept proof that you have applied for it.)

Criminal Record Release Authorization Form – Effective August 2, 1997 any person hired by a school district in New Hampshire must undergo a background investigation including a criminal history records check. Inked fingerprints are not accepted only a livescan will be accepted for the background investigation. **The cost of this background investigation is \$48.25 and is the responsibility of the employee. Please do not sign this document as this document needs to be notarized.**

Direct Deposit Form – If you are interested in direct deposit, please fill out the attached form and include a voided check for verification.

Substitute contract and school information – Please fill this form out completely. I have also attached school information you will need once your fingerprints results have been received.

Bring the completed forms and documents to our office so that we can copy the necessary documents for our files and return your originals. Once we receive your fingerprint results we will notify you. At that time you may visit the principals of the schools at which you are interested in subbing.

If you have any questions, please call my secretary, Robyn Keane (603) 934-3108 extension 4414. We look forward to meeting you soon.

Sincerely,

Daniel LeGallo, Jr.
Superintendent of Schools

Enclosures

SCHOOL ADMINISTRATIVE UNIT 18

Franklin School District

119 Central Street

Franklin, New Hampshire 03235

APPLICATION FOR EMPLOYMENT

_____ Date

To Applicant:

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. An understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Please circle the position for which this application applies:

Secretary
Bookkeeper
Maintenance

Teacher Asst.
Spec. Ed. Tutor
Custodian

Food Service
Substitute Teacher (K-2 3-4 5-8 9-12)
Co-Curricular (Athletic - Non Athletic)

PERSONAL

Name: _____ Social Security # ____ / ____ / ____
Last First

Present Address: _____
Street City State Zip

Telephone Number: _____

Would you work full time? Yes No Part time Yes No

Pay rate expected per week: \$ _____

If part-time, please specify days and hours available: _____

If your application is considered favorably, when could you start work? _____

Have you ever been arrested for or convicted of a crime which has not been annulled by a court?

Yes No If yes, please list date of conviction, charge and court result _____

List experiences, skills and qualifications which you feel might be useful in the position(s) for which you have applied:

RECORD OF EDUCATION

Schools Attended (Name & Address)	Course of Study	Last Year Completed (Circle One)	Year of Graduation	Degree or Diploma (Specify)
High:		1 2 3 4		
College(s):		1 2 3 4		
Other (Specify):				

MILITARY SERVICE

Branch of Service	From	To	Type of Discharge

PERSONAL REFERENCES

NAME	ADDRESS (Please provide complete address)	Phone Number

List present and all past employment, beginning with most recent:

1. _____
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: _____

Reason for leaving: _____

2. _____
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: _____

Reason for leaving: _____

3. _____
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: _____

Reason for leaving: _____

NOTE: We will contact the employers listed above to assess your previous work record.

My signature below indicates that the information given on this application is accurate and complete to the best of my knowledge. (Any inaccurate information will be grounds for dismissal)

Signature of Applicant

**EQUAL OPPORTUNITY EMPLOYER
SCHOOL ADMINISTRATIVE UNIT 18**

Franklin School District
119 Central Street
Franklin, New Hampshire 03235
(603) 934-3108 – FAX (603) 934-3462

FALSIFICATION IN OFFICIAL MATTERS

New Hampshire RSA 641:3 Unsworn Falsification. A person is guilty of a misdemeanor if:

- I. they make a written false statement which they do not believe to be true, on or pursuant to a form bearing notification authorized by law to the effect that false statements made therein are punishable; or
- II. with a purpose to deceive public servants in the performance of their official function, the applicant
 - (a) makes any written false statement which they do not believe to be true; or
 - (b) knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or
 - (c) submits or invites reliance on any writing which they know to be lacking in authenticity; or
 - (d) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which they know to be false.

III. I _____ acknowledge that I have read the
(applicant's signature)
above information on falsification of official matters and hereby represent and warrant that all information submitted in the application for employment, and accompanying documents, is complete and correct to the best of my knowledge.

Date

Approved: August 6, 1992

EQUAL OPPORTUNITY EMPLOYER
SCHOOL ADMINISTRATIVE UNIT 18

SCHOOL ADMINISTRATIVE UNIT 18

**Franklin School District
119 Central Street
Franklin, New Hampshire 03235
(603) 934-3108 – FAX (603) 934-3462**

AUTHORIZATION TO RELEASE INFORMATION

I authorize School Administrative Unit 18, its administrators or designees, to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency or government agency to give School Administrative Unit 18, its administrators or designees, any information they may have regarding me. In consideration of the review of this application, I release providers of information from any liability as a result of furnishing and receiving this information.

A copy of this release shall in all respects serve as an original.

Social Security Number

Applicant's Signature

Date

**EQUAL OPPORTUNITY EMPLOYER
SCHOOL ADMINISTRATIVE UNIT 18**

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 					
If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Date:

FRANKLIN SCHOOL DISTRICT

SAU #18
119 Central Street
Franklin, NH 03235

For Educational Employment **Livescan** Background Check

Name: _____ Telephone: _____

Your appointment has been scheduled for (Date) _____ at (Time) _____

The Fee is: **\$48.25** (Employee) **\$21.25** (Volunteer)

Please be sure to bring:

1. Photo Identification
2. Completed Criminal Record Release Authorization Form from the **SAU 18** Office.

Please bring back to the SAU 18 Office after fingerprinting:

1. Completed Criminal Record Release Authorization Form
2. Completed Applicant/Licensing LiveScan Fingerprinting Form
3. Check made out to: **State of New Hampshire – Criminal Records**

Directions

State Department of Safety Building
33 Hazen Drive
Concord, NH 03301
(603) 223-3867

1st Floor, Room 106

From the South: Take I-93 to Concord NH.

Take exit 14 and at the bottom of the ramp turn right on Loudon Road.

Go up the hill and at the second set of lights take a left on Hazen Drive.

Follow the signs to the Department of Safety building.

This is the last large building on the left. State Police headquarters is in this building.

From the North: Take I-93 to Concord NH.

Take exit 15E on Rt. 393. Take exit 2.

Turn left at the end of the ramp onto Eastside Drive, then turn right onto Hazen Drive.

Follow the signs to the Department of Safety Building.

From the East: Take Rt. 393 E to Exit 2.

Turn left at the end of the ramp onto Eastside Drive, then turn right onto Hazen Drive.

Follow the signs to the Department of Safety Building.

FRANKLIN SCHOOL DISTRICT

School Administrative Unit #18

119 Central Street

Franklin, NH 03235

Phone (603) 934-3108 Fax (603) 934-3462

ORIGINAL

CHANGE

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I authorize my Employer to automatically deposit any funds owed to me to my account(s) at the Depository Financial Institution(s) named below.

I understand that this agreement may be terminated by me or by my Employer at any time by written notification. Any such termination or change requires a reasonable time to act upon it.

I authorize my Employer to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, my Employer has notified me in writing of the reason for the debit.

REQUEST FOR DIRECT DEPOSIT

(to be completed in ink)

(1) Account at: _____ Net Pay or Balance of Check
Financial Institution

Routing Number: _____ Account Number: _____ Type _____
Savings/Checking

(2) Account at: _____ Amount \$ _____
Financial Institution

Routing Number _____ Account Number _____ Type _____
Savings/Checking

If you are choosing two financial institutions, you may designate a set dollar amount to only one. The balance will automatically go to the **primary account**.

Employee Name: _____
Please print

I have read and understand this form: _____
Signature Date

Your Direct Deposit advice slip can be distributed by e-mail to your district e-mail address or your personal e-mail address. Please select the e-mail address you wish to use:

E-MAIL ADDRESS: _____

Voided check(s) must be attached before your first transmission can be made. FAILURE to attach voided check(s) will delay the start of your first transmission.

For Office Use Only

Processed by: _____ Date _____

Direct Deposit will begin on _____

It is recommended that you contact your financial institution regarding the time of availability of your deposit

School Administrative Unit 18

FRANKLIN SCHOOL DISTRICT
119 Central Street
Franklin, New Hampshire 03235
(603) 934-3108 - FAX (603) 934-3462
www.sau18.org

Daniel LeGallo , Superintendent

Jefferson Braman, Business Administrator

Date: _____

Dear _____:

We would like to thank you for your application and for the completion of the necessary paperwork. School Administrative Unit Eighteen (SAU 18) appreciates your service as Substitute Teacher.

Once the necessary background clearance is returned, it is our expectation that you will be employed for the 2018-2019 School Year in the Substitute Teacher position. Please sign one copy of this letter and return it to the SAU Office.

We look forward to your continued association with School Administrative Unit Eighteen.

Sincerely,

Daniel LeGallo
Superintendent

Substitute Signature

Date

Please indicate which school(s) you wish to substitute teach for: (circle all that apply)

- PSS
- FMS
- FHS

Please check here if you wish to be removed from our Substitute Teacher listing:

Please indicate day(s) available: _____

If you are a college student, please indicate dates of vacations you are available: _____

Please Note:

- ✚ We are now offering Direct Deposit for substitute teachers. A form has been enclosed, if you are interested.
- ✚ If you have not completed a W-4, please complete the enclosed W-4 and return with this signed letter.

SCHOOL ADMINISTRATIVE UNIT 18
School Information

Susan Blair, Principal
Hours: 8:30 – 3:15

Paul Smith School (Gr. K-3)
14 Daniel Webster Drive
934-4144

Kenneth Darsney, Principal
Jay Trafton, Asst. Prin.
Hours: 7:40 – 2:35

Franklin Middle School (Gr. 4-8)
200 Sanborn Street
934-5828

Carrie Charette, Principal
Michael Zmuda, Asst. Prin.
Hours: 7:40 – 2:35

Franklin High School (Gr. 9-12)
119 Central Street
934-5441