



# 2016-2017 Franklin Middle School PTA



Dear Franklin Families,

Welcome to a new school year at Franklin Middle School (FMS) from the Parent Teacher Association (PTA). The PTA supports FMS by sponsoring events, purchasing agendas for each student, Wellness Nights, Community Service Projects, Food Truck and Basket Raffle Night, Student Honors Recognition Night, and much more! This year we will be raising funds to support the field trips for the 5<sup>th</sup> & 6<sup>th</sup> graders and the 7<sup>th</sup> grade Celebration Trip plus much more for the school and students at FMS.

Joining PTA is a great way to show your child that you value education and are interested in what happens at their school. Attending PTA meetings will keep you involved and informed of what is going on at Franklin throughout the school year. There is teacher and administration representation at every meeting. Parents, grandparents, family members and friends are always welcome to join the PTA. Please join us at any PTA meeting, anytime during the year. We need your support and welcome your input! If you can't attend the meetings, you can still support the PTA by becoming a member!

PTA Meetings will be at 7 PM, Wednesdays in the FMS cafeteria. Our meeting dates for this year are:

**September 21st      November 16th      January 18th      March 15<sup>th</sup>      May 16th**

**Please consider joining the FMS PTA. Membership is just \$7.00 for the year. To join the PTA please fill out the bottom portion of this page and place it along with your dues in an envelope labeled "PTA membership" and return to school as soon as possible.**

Becoming a member of the PTA is a great way to get involved in the FMS Community. If you have any questions, concerns, or ideas to share do not hesitate to contact us.

Julia Volle  
President  
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Jessica Morris  
Vice President  
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[ezmerelda67@roadrunner.com](mailto:ezmerelda67@roadrunner.com)

**FMS PTA MEMBERSHIP- \$7.00 each (Please make checks payable to Franklin Middle School PTA).**

PARENT (MEMBER) NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please print clearly. Membership cards are sent via email through the NYS PTA.

PARENT or Grandparent (MEMBER) NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please print clearly. Membership cards are sent via email through the NYS PTA.

TOTAL ENCLOSED \$ \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

HOMEROOM / FIRST PERIOD TEACHER NAME: \_\_\_\_\_