



# Washington Township Schools

~ A Community of 21st-Century Learners ~

53 WEST MILL ROAD ~ LONG VALLEY, NEW JERSEY 07853 ~ 908.876.4172  
WWW.WTSCHOOLS.ORG



JEFFREY S. MOHRE, SUPERINTENDENT

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## SIXTH GRADE IMMUNIZATION REQUIREMENTS for SEPTEMBER 2018

Dear Parents/Guardians:

As you prepare your child to enter 6<sup>th</sup> grade this fall, please be aware of entrance immunizations that are required by the New Jersey Department of Health and Senior Services.

**One dose of meningococcal conjugate vaccine and one dose of Tdap(Tetanus, diphtheria, acellular pertussis) vaccine is required for all students entering 6<sup>th</sup> grade students who have turned 11 years old.**

**In accordance with NJ State law, students who are not in compliance with this requirement will be excluded from school beginning on the first day of school in September.**

Once the required immunizations have been obtained, please have your child's physician complete the bottom section of this notice. Please return this form to Mrs. Meara, School Nurse, Long Valley Middle School, 51 West Mill Road, Long Valley, NJ 07853. You may e-mail it to [nmeara@wtschools.org](mailto:nmeara@wtschools.org), or you may fax it to my attention 908-876-1407.

Students, whose parents have filed a religious exemption from vaccinations, will not be required to comply and **will not** be excluded from school.

Students who have not yet attained their 11<sup>th</sup> birthday by the first day of school will have a **one week grace period** from their child's birthday to provide the required immunizations to the school nurse and will not be excluded from school on the first day of school in September.

Immunizations are NOT available through the township Health Department. If you do not have a medical provider or are unable to secure a timely appointment to receive these vaccinations please contact your local pharmacy. Most provide walk-in hours.

Please call if you have any questions or concerns with these requirements.

Sincerely,

*Mrs. Nancy Meara, RN, CSN-NJ*

908-876-3434 Ext. 2306

**PLEASE RETURN THIS IMMUNIZATION FORM TO YOUR CHILD'S SCHOOL NURSE**

Student's Name/Birthdate (Print): \_\_\_\_\_

Date of Tdap: \_\_\_\_\_

Date of Meningococcal: \_\_\_\_\_

Physician Signature & Office Stamp: \_\_\_\_\_