



# 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

LIZ GEORGE, SCHOOL BUSINESS ADMINISTRATOR

## SIXTH GRADE ENTRY IMMUNIZATION REQUIREMENTS

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 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.**

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 **two-week grace period** from their child's birthday to provide the required immunizations to the school nurse. A student with a late birthday will not be excluded from school unless the vaccine documentation is not received by the end of the two-week grace period.

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.

**If your child's 11<sup>th</sup> birthday falls before June, please have his/ her doctor complete the form below and please submit the form to your child's elementary school nurse.**

If the immunizations are obtained over the summer, please submit the completed documentation to Mrs. Nancy Auld-Morogiello, School Nurse, Long Valley Middle School, 51 West Mill Road, Long Valley, NJ 07853. You may also e-mail it to [nmorogiello@wtschools.org](mailto:nmorogiello@wtschools.org), or fax to my attention at 908-876-1407.

Please reach out to your elementary school nurse or myself if you have any questions or concerns regarding these immunization requirements.

Respectfully,

*Mrs. Nancy Auld-Morogiello, RN, CSN*  
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: \_\_\_\_\_