



**JACKSON SCHOOL DISTRICT
151 DON CONNOR BOULEVARD
JACKSON, NJ 08527
(732) 833-4600 FAX (732) 833-4609**

Stephen Genco, Superintendent of Schools

Date: September 4, 2018
To: Parents and Guardians
Subject: Immunization Information

This letter is to remind you about New Jersey state law regarding immunizations for parents and guardians of students who will enter either PRE-SCHOOL or SIXTH GRADE (or who will be 11 years old) during the 2018-2019 school year.

The law requires students who obtain the following immunizations on or after their 11th birthday, and before school begins in September 2018:

- One dose of Diphtheria, Tetanus, Pertussis (Tdap) vaccine unless you are able to provide documentation that your student has received this immunization within the past five years.
- One dose of Meningococcal or Meningococcal Conjugate vaccine.

Any child seeking to enter the district's PRE-SCHOOL program (either through the Community School or through the District Special Education Department) must obtain the following immunizations prior to the first day of School in September 2018.

- Influenza vaccine – One dose annually between September 1 and December 31 of each year
- Pneumococcal Conjugate Vaccine (PCV) – At least one dose of PCV after their first birthday

These laws took effect September 1, 2008 and apply to any current student or student who transfers into the Jackson School District.

ALL STUDENTS DESCRIBED ABOVE MUST PROVIDE PROOF OF VACCINATION TO YOUR SCHOOL NURSE'S OFFICE by September 28, 2018. An immunization update form is on the next page.

If you are able, you may drop your immunization update form off during the summer. Your physician **MUST** stamp the form in order for it to be valid. The form should be sent to your child's school nurse.

These vaccines should be administered by your private physician. Failure to obtain these newly required immunizations will result in **EXCLUSION** from school as of September 28, 2018. If you have any questions about the new requirements, please contact your school nurse.



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Immunization Update Request

Student: _____ **Grade:** _____ **Date:** _____

State Law mandates immunization of all students under Chapter 14, N.J. State Sanitary Code, **IMMUNIZATION OF PUPILS IN SCHOOL**. This law requires schools to take necessary steps for implementation. Parents of students who:

- Will enter our Pre-School program;
- Will attend the 6th grade during the 2018-2019 school year

MUST provide proof of proper immunization by September 28, 2018. Failure to comply with this state requirement will result in your child's exclusion from school beginning September 28, 2018.

Please include **month/day/year**:

	Month	Day	Year	Comment
DTP				
Hepatitis B # 1 #2 #3				
Measles, Mumps, Rubella				
MMR – Booster				
Polio vaccine IPV				
Tuberculin Test: Mantoux only				Result:
Varicella #1 #2				
Meningococcal				
Pneumococcal #1 #2 #3 #4				
Influenza				
Entry Physical				

This patient will return on _____ for the next in series of immunizations.

Physician's Name: _____

Office Address: _____

Physician's Signature and Stamp: _____

PLEASE RETURN THE ABOVE INFORMATION TO THE SCHOOL NURSE.
YOUR ATTENTION TO THIS MATTER IS GREATLY APPRECIATED.