



Howell Township Public Schools

Dear Parent/Guardian,

In accordance with N.J.A.C. 8:57-4, the following immunizations are required for students entering sixth grade:

8:57-4.10 Diphtheria and tetanus toxoids and pertussis vaccine

- (h) *Every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10th birthday.*
- (i) *Children entering or attending Grade Six on or after September 1, 2008, who received a Td booster dose less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or Td dose.*
- (j) *Children born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, shall have received one dose of Tdap, provided at least five years have elapsed from the last documented Td dose.*

8:57-4.20 Meningococcal vaccine

- (a) *Every child born on or after January 1, 1997, and entering or attending Grade Six or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine.*

***Please note: This applies to students when they turn 11 years of age and attending Grade Six.**

- (b) *Every child born on or after January 1, 1997, and transferring into a New Jersey school from another state or country on or after September 1, 2008, shall have received one dose of meningococcal vaccine.*

In order for your child to attend school next September, please have your Health Care Provider complete the attached form and return this documentation to your child's school nurse by the end of the school year. Your timely response to these immunization requirements will allow us to update our records and help ensure a smooth transition to middle school for your child.

Thank you for your prompt attention to this important matter. If you have any questions, please contact your child's school nurse.

Sincerely,

Dorothea Fernandez
Director of Pupil Services

FOR ALL INCOMING 6TH GRADE STUDENTS

Student Name _____ Elem/Middle School _____


TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER

Tdap (date given) _____ **OR** DTP/Dtap/TD (date given) _____
(circle one)

Meningococcal Vaccine (date given) _____

Physician's/Provider's Signature: _____

Physician's/Provider's Stamp:



*Please return this form to your child's school nurse as soon as possible.
If your child's birth date precludes him/her from receiving the necessary vaccinations prior to
June, please share that information with your school nurse.*