Alloway Township School
School Health Office
43 Cedar St | P.O Box 327
Alloway, NJ 08001
Phone: 856-935-1622 x200 | Fax: 856-935-3017
WhelanK@allowayschool.org

School year: 2024-25

Dear Parents/Guardians:

The State of New Jersey requires that all students entering 6th grade (and 11 years old) receive the Tdap and Meningococcal vaccine. **Documentation of having received these vaccines must be provided before your child can enter 6th grade.**

If your child has received these vaccines, please provide documentation to the nurse's office before the start of school. If you have an appointment scheduled, please notify the nurse with the date and time of your appointment.

Please note if your child has not had his/her 11th birthday. The immunizations are not due until after your child turns 11 years old. Please try to schedule the appointment within two weeks of your child's birthday.

If you have any questions regarding this requirement, please feel free to contact me.

Thank you in advance for your attention to this matter

Kellie Whelan, RN CSN
School Nurse

MAR 08

MINIMAL IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY
Chapter 14: Immunization for Pupils in School

DISEASE(S)	MEETS IMMUNIZATION REQUIREMENTS	COMMENTS
Tdap	GRADE 6 *(or comparable age level for special education programs)*: 1 dose	For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child does not need a Tdap dose until FIVE years after the last DTP/DtaP or Td dose.
MENINGOCOCCAL	(Entering GRADE 6 *(or comparable age level for Special Ed programs)*: 1 dose (1) (Entering a four-year college or University, previously unvaccinated and residing in a campus dormitory): 1 dose (2)	(1) For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. (2) Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable.

Student:_____ Date of Birth:_____

The above named student has received:

Tdap booster: _____ Meningococcal vaccine: _____
(Date m/d/y administered) (Date m/d/y administered)

Physician/Provider Signature: _____

Physician/Provider Phone: _____ Physician/Provider Fax: _____

Physician/Provider (MD, DO, NP, PA) print name and address or stamp:

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