



WOODLAND PARK PUBLIC SCHOOLS

Memorial Middle School

15 Memorial Drive, Woodland Park, New Jersey 07424

Telephone: 973-317-7750

Fax: 973-317-7753

Ms. Suzanne Socha
Principal

SUBJECT: 6th Grade Immunization Requirement 24-25

Dear Parents/Guardians of 6th Grade Students:

As you prepare your child to enter 6th grade next 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 6th 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 the 2024-25 school year.

Students, whose parents have filed a religious exemption from vaccinations, will not be required to comply and **will not** be excluded from school. Memorial Middle School must have the religious exemption on file.

Students who have not yet attained their 11th birthday by the first day of school next year 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.

Students who have attained their 11th birthday by the first day of school must be in compliance of this health law. Failure to do so will result of the student's parent being contacted to pick up their child should they arrive at school without the nurse receiving documentation.

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 submit the completed documentation to Mrs. Carbonelli, School Nurse, Memorial Middle School, 15 Memorial Middle School. You may also e-mail it to tcarbonelli@wpschools.org no later than August 19th. Please reach out to Mrs. Carbonelli if you have any questions or concerns regarding these immunization requirements.

Sincerely,

Ms. Suzanne Socha
Principal



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SUGGESTED FORM for Proof of Immunization 6th Grade MMS 2024

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:

