

Gloucester Township Public Schools

Dear Parents:

Thank you for registering your child in Gloucester Township. We look forward to a successful and positive school experience for you and your child during their time here.

The Gloucester Township School District is responsible for insuring that all children who attend school have been adequately immunized as required by the NJ Sanitary Code, Chapter 14, Immunization of Pupils in Schools (NJAC Title 8:5-4). The following web sites provide information on vaccine requirements: <u>http://www.nj.health/cd/chap14.pdf</u> or <u>http://nj.gov/health/forms/imm-7.pdf</u>. This is for the health and safety of your child.

Students entering Pre-K <u>must</u> have the following immunizations:

DTaP:	4 doses	
POLIO:	3 doses	
<u>MMR</u> :	at least 1 dose after the age of 1 (12 months)	
<u>Varicella:</u>	at least 1 dose after the age of 1 (12 months) unless your child had chicken pox- need to provide school with either:	
1. documented laboratory evidence showing immunity		
2. a physician written statement that the child previously had the chicken pox or		
3. a parent's written statement that the child previously had the chicken pox		
HIR.	at least 1 doce given on or after 1st hirthday	

<u>HIB</u>: at least 1 dose given on or after 1st birthday

PCV13: at least 1 dose given on or after 1st birthday

<u>Seasonal Influenza</u>: required for those children 6 months through 59 months of age each year. Students must have the vaccine by December 31st

Students entering Kindergarten **must** have the following immunizations:

<u>DTaP:</u>	4 doses with 1 dose given on or after the 4 th birthday, or any 5 doses
POLIO:	3 doses with 1 dose given on or after the 4 th birthday, or any 4 doses
MMR:	2 doses on or after the 1st birthday
Varicella:	1 dose on or after the 1 st birthday
<u>Hepatitis B</u> :	3 doses

Students entering 6th grade **must** have the following immunizations:

Meningococcal: 1 dose given no earlier than 10 years of age

Tdap:1 dose given on/after 11th birthday

It is the responsibility of the parent/guardian to provide the necessary proof of all required immunizations **before school starts** in September. Over the summer months, proof of immunizations can be dropped off in the main office, mailed or faxed to the school. If you have a doctor's appointment for your child in September or October, please provide a written note from the doctor stating the date of the appointment and the immunization(s) to be given.

Parents who register their children over the summer or after school starts in the fall are subject to the same requirements. If you are unsure if your child has received the required immunizations, please check with your child's pediatrician or the school nurse.

<u>**Children who do not have the required immunizations will be excluded from attending</u> school, even if registered.

Please sign the accompanying document acknowledging that you have read the above requirements concerning your child's immunizations for kindergarten.

Child's Name:

I acknowledge that I am in receipt of the guidelines relating to the immunization of my child(ren) prior to entering Gloucester Township Public Schools.

Parent/Guardian (printed)

Parent/Guardian (signature)

Date