



JACKSON SCHOOL DISTRICT
151 Don Connor Boulevard
Jackson, NJ 08527
(732) 833-4600 FAX (732) 833-4609

Nicole Pormilli, Superintendent of Schools

Date: Sept. 18, 2024
To: Parents and Guardians
Subject: Immunization Information

This letter reminds you about New Jersey state law regarding updated proof of immunizations for parents and guardians of students who will be in either PRE-SCHOOL, KINDERGARTEN, or SIXTH GRADE (or who will be 11 years old) during the 2024-2025 school year.

For 6th grade parents: The law requires students who obtain the following immunizations on or after their 11th birthday, and **before Oct. 11, 2024:**

- 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.

For Kindergarten parents: Any child entering the district's Kindergarten program (either general education or special education) must obtain the following immunizations **prior to Oct. 11, 2024.**

- Diphtheria, Tetanus, Pertussis (DTap) vaccine, 4 doses with one dose after the 4th birthday or any 5 doses
- Polio vaccine, 3 doses with one dose after the 4th birthday or any 4 doses
- MMR vaccine, two doses
- Varicella vaccine, one dose

For Preschool parents: Any child entering the district's preschool inclusion program (either general education or special education) must obtain the following immunizations:

- Pneumococcal Conjugate Vaccine (PCV) – At least one dose of PCV after their first birthday **prior to Oct. 11, 2024.**
- Influenza vaccine – One dose annually **between September 1 and December 31 of each year. You will need to submit proof of this immunization by Dec. 31, 2024.**

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 Oct. 11, 2024 (and preschool Influenza by Dec. 31, 2024).** An immunization update form you can bring to your doctor is on the next page. If it is summertime, 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 dropped off at your child's school for the 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 Oct. 15, 2024. If you have any questions about these requirements, please contact your school nurse.

www.jacksonsd.org/nurses.



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Immunization Update Request

Student: _____ **School:** _____ **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. Among these immunizations are those that a child would not have yet had when they registered in our district. By law, we must show updated proof of these immunizations, which is done through this Immunization Update Form. This applies to parents of students who:

- Will enter our Preschool program, Kindergarten program or 6th grade during the 2024-2025 school year

All parents/guardians MUST provide proof of proper immunization by Oct. 11, 2024. Failure to comply with this state requirement will result in your child's exclusion from school beginning Oct. 15, 2024.

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

	Month	Day	Year	Comment
Dtap				
DTP				
Hepatitis B # 1 #2 #3				
Measles, Mumps, Rubella				
MMR – Booster				
Polio vaccine IPV				
Tuberculin Test: _____				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: _____

**PARENTS: AFTER YOUR DOCTOR FILLS OUT THIS FORM,
PLEASE RETURN IT TO YOUR SCHOOL NURSE.**