



Dear Parent/Guardian:

It is anticipated that your child will be transitioning to Middle School for the 2025 - 2026 school year. This letter is to notify you that your child will need the following immunization(s) in order to attend school in September 2025:

- Tdap Vaccine
- Meningococcal Vaccine

The supporting New Jersey State Administrative Code is provided below for your reference.

**N.J.A.C. 8:57-4.10** - 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.

**N.J.A.C. 8:57-4.20** - 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 vaccine, such as the medically-preferred meningococcal conjugate vaccine.

What does this mean for you?

**Contact your healthcare provider to arrange for these vaccinations before your child enters 6th grade.** \*\*If your health care provider chooses not to administer the Meningitis vaccine before the age of 11, there is a two-week grace period after your child's birthday to provide documentation to the school nurse in order to be in-compliance with state regulations. Commonly, these vaccines are administered at the same time after the age of 10.

Please bring or email a copy of the immunization record to the school. Following this time period, your child will not be allowed to attend school unless one of the following applies.

**There are two exceptions:**

1. If the student's physician believes the immunizations are medically inadvisable, a written statement to that effect signed by the physician must be given to the school, ***each school year***.
2. If you have a religious or philosophical objection to immunizations, you must write a statement indicating your objections and provide them to the school, ***each school year***.

\*Please be aware that students, who have a waiver of immunization either for medical or religious or philosophical reasons, will be excluded from school if there is an outbreak of a disease for which the student is not immunized.

Please bring in the documentation or send via email to the Nursing Department:

[mmartinez@middlesexcharter.org](mailto:mmartinez@middlesexcharter.org)