



The Arrow Academy Health Office

90 Whippany Rd, Whippany, NJ 07981
Phone: 973-888-2083

6th Grade Required Immunizations

Dear Parent/Guardian:

All incoming 6th grade students are required to have the following NJ State mandated immunizations:

1. Tdap Vaccine
2. Meningococcal Vaccine

Students must have the above immunizations prior to the start of the school year. Failure to comply will result in exclusion of your student from school until proof is provided as per NJAC 8:57-4 Immunizations of Pupils in Schools.

Once your child has received these two immunizations, usually at their 11-year-old physical, email a copy of the immunization dates to the school Health Office. You **must** have the student's Primary Healthcare Provider either write a note, complete the form below, or print a copy of your child's immunization record. **The signature of the primary care provider and office stamp must be included.** Please be sure to return it via email to the school nurse before the first day of school.

If proof of these immunizations is not received by the first day of school in September, the student will be excluded from attending The Arrow Academy School until proof of these immunizations is provided.

If your child will turn 11 years of age during the summer months, please return this completed form during the summer by email (susan@thearrowacademy.org) to The Arrow Academy Health Office.

If your child will turn 11 years old on or after the first day of school, you have four days after your child's birthday to have your student immunized; therefore, the form is due on the fifth day after the birthday. **Please make your child's physical appointment early in order to comply with the law.**

Please contact me with any questions or concerns. Thank you for your cooperation in this important matter.

Thank you,
Susan Peluso RN
School Nurse
susan@thearrowacademy.org

Student: _____ Birthdate: _____ Grade: _____

***According to NJ immunization requirements, the Tdap must be at least five years after the last dose of DTP, DTaP or Td

The above named student has received:

1. Tdap booster on _____
2. Meningococcal on _____

*Primary Care Provider Signature & Stamp _____