

**St. Stanislaus Kostka School  
221 MacArthur Avenue  
Sayreville, NJ 08872**

Tel: 732-254-5819

Fax: 732-254-7220

**RE: Immunization Requirements for 6<sup>th</sup> grade**

Dear Parents/Guardians:

**The following immunizations are required by New Jersey State for all grade 6 students.**

**1. Meningococcal vaccine**

Children born after January 1, 1997 and enrolled in grade 6 or transferring into a New Jersey school from another state or country are required to receive one dose of meningococcal vaccine such as meningococcal conjugate vaccine *when they turn 11 years old.*

**2. Tdap ---- Tetanus, diphtheria and acellular pertussis vaccine**

Children born on or after January 1, 1997 and enrolled in grade 6, or transferring into a New Jersey school from another state or country are required to receive one booster dose of Tdap *given no earlier than the 10<sup>th</sup> birthday .*

For your child's 11<sup>th</sup> year old physical check-up, please ask the doctor about these vaccines and bring copies of their documented administration dates to update the child's immunization records at school. You may also have them documented below and return this form to the nurse's office. **Documentation is due by the first day of school unless the child turns 11 after the first day of school or within 2 weeks before school started.**

Sincerely,  
Joyce Afriyie, RN  
School Nurse

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\_\_\_\_\_  
**Student's name (please print)**

\_\_\_\_\_  
**Date of birth**

\_\_\_\_\_  
**Grade**

( ) Meningococcal vaccine \_\_\_\_\_  
Date given

( ) Tdap \_\_\_\_\_  
Date given (no earlier than 10<sup>th</sup> birthday)

**Physician's name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Stamp (required)**