

Lawrence Township Public Schools

BF _____ EP _____ LV _____ SW _____ IS _____ MS _____ HS _____

IMMUNIZATION REQUIREMENTS

Dear Parents/Guardians:

In order for your son or daughter to register for school, it is necessary to provide a physician certified record of your child's immunizations. If the records are not in English, you must also submit a translated copy. If the original records cannot be obtained, the immunizations must be repeated according to New Jersey State law. LISTED BELOW ARE THE IMMUNIZATIONS REQUIRED BY THE STATE OF NEW JERSEY BEFORE THE FIRST DAY OF SCHOOL:

Preschool Students:

Diphtheria, Tetanus, Pertussis (DTP)	Appropriately immunized for their age (ACIP standards)
Polio Vaccine (IPV) or (OPV)	Appropriately immunized for their age (ACIP standards)
Measles	1 dose—on or after the 1 st birthday
Rubella	1 dose—on or after the 1 st birthday
Mumps	1 dose—on or after the 1 st birthday
Haemophilus influenzae b (Hib)	1 dose minimum—on or after the 1 st birthday
Varicella	1 dose—on or after the 1 st birthday OR a doctor's or parent's statement that the child had the disease
Pneumococcal Conjugate (PCV)	1 dose minimum—on or after the 1 st birthday

INFLUENZA VACCINE—one dose of influenza vaccine REQUIRED between September 1 and December 31 of each year

Kindergarten Students:

Diphtheria, Tetanus, Pertussis (DTP)	4 doses—one dose on or after the 4 th birthday or any 5 doses
Polio Vaccine (IPV) or (OPV)	3 doses—one dose on or after the 4 th birthday or any 4 doses
Measles	2 doses—1 st dose on or after the 1 st birthday
Rubella	1 dose—on or after the 1 st birthday
Mumps	1 dose—on or after the 1 st birthday
Hepatitis B	3 doses
Varicella	1 dose—on or after the 1 st birthday OR a doctor's or parent's statement that the child had the disease

New students age 7 years or older:

Diphtheria, Tetanus, Pertussis	3 doses—any combination of DTP, DTaP, DT, adult Td
Tetanus, Diphtheria, acellular Pertussis	1 dose—every student born on or after January 1, 1997 and entering or attending Grade Six or a comparable age level program must have received one dose of Tdap given no earlier than the 10th birthday AND having at least a 5 year interval from the date of the last documented DTaP/Td dose.
Polio Vaccine (IPV) or (OPV)	3 doses—any combination of OPV or IPV
Measles	2 doses—1 st dose on or after the 1 st birthday
Rubella	1 dose—on or after the 1 st birthday
Mumps	1 dose—on or after the 1 st birthday
Hepatitis B	3 doses
Meningococcal	1 dose—every student born on or after Jan. 1, 1997 and/or entering Grade 6
Varicella	1 dose—on or after the 1 st birthday—if born on or after 1/1/98 OR a doctor's or parent's statement that the child had the disease.

PROVISIONAL ADMISSION:

Students who do not have the required immunizations MAY be given a provisional admission by the school nurse. **IN ORDER TO BE CONSIDERED FOR A PROVISIONAL ADMISSION, written proof from the student's physician showing the student has begun the immunization series AND the date of their next appointment MUST be provided to the school nurse.**

BEFORE STARTING CLASSES STUDENTS MUST HAVE THE FOLLOWING:

<u>Pre-School</u>	<u>Age 5-6</u>	<u>Age 7 and older</u>
1-DTaP	1-DTaP	1-TD
1-Polio	1-Polio	1-Polio
1-MMR	1-MMR	1-MMR
1-HIB	1-HBV	1-HBV
1-Varicella	1-Varicella	1-Varicella
1-PCV		1-Meningococcal (see above)

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