



# Memorial Middle School

ADMINISTRATIVE OFFICES • 115 SUMMERHILL ROAD • SPOTSWOOD, NJ 08884 • (732) 723-2200  
DANIEL CUGINI, PRINCIPAL • DCUGINI@SPSD.US • WWW.SPSD.US

Dear Parents/Guardians:

This is to inform you that the New Jersey Department of Health and Senior Services (DHSS) have recently revised the administrative rules with substantive changes to include the requirement of new vaccines for students attending sixth grade in September, 2026. The amended regulations state the following:

Every child born on or after January 1, 1997 and entering grade six on or after September 1, 2008 shall have received one (1) dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10<sup>th</sup> birthday.

Children entering or attending grade six on or after September 1, 2008 who received a Td booster dose less than five (5) years prior to entry or attendance shall not be required to receive a Tdap dose until five (5) years have elapsed from the last DTP/Dtap or Td dose.

Every child born on or after January 1, 2007 and entering or attending grade six on or after September 1, 2008 shall have received one (1) dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine.

Students must provide documentation of these immunizations from their Primary Care Provider by the beginning of school, September, 2026. We are requesting that your Primary Care Provider complete the form below and return to Memorial School, 115 Summerhill Road, Spotswood NJ 08884, attention Katherine Shkolar RN prior to the start of the 2026 -2027 school year. Thank you for your cooperation in this matter.

Sincerely,

*Katherine Shkolar RN*

Katherine Shkolar RN BSN NJ-CSN Memorial Middle School 732-723-2200 ext. 2050  
[kshkolar@spsd.us](mailto:kshkolar@spsd.us)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_

The above-named student has received:

1. The Tdap booster on: \_\_\_\_\_  
*Month/Day/Year*
2. The Meningococcal vaccine on: \_\_\_\_\_  
*Month/Day/Year*

\_\_\_\_\_  
*Signature of Primary Care Provider*

\_\_\_\_\_  
*Print of Stamp of Primary Care Provider*