

TRENTON PUBLIC SCHOOLS
Trenton, New Jersey

I-06

IMMUNIZATION DEFICIENCY NOTICE

PUPIL'S NAME _____ SCHOOL _____

GRADE _____ BIRTHDATE _____

Dear Parent/Guardian:

State law mandates that all children attending school be properly immunized unless medically or religiously exempt.

N.J.A.C. 8:57-4.2 Proof of Immunization

A principal, director or other person in charge of a school, preschool, or child care facility shall not knowingly admit or retain any child whose parent or guardian has not submitted acceptable evidence of the child's immunization, according to the schedules specified in this subchapter. Exemptions to this requirement are identified at 8:57-4.3 and 8:57-4.4.

Your child's school health record is missing proof of the following immunizations(s). See box(es) checked:

Immunizations/Testing

VACCINE TYPE	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose	6th Dose
Tetanus, Diphtheria, Pertussis (DTaP)						
Tetanus, diphtheria, acellular pertussis (Tdap)						
Hemophilus Influenzae type B (HIB)						
Polio Vaccine (IPV)						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Chicken pox (Varivax)						
Meningococcal (Meningitis)						
Pneumococcal Conjugate (PCV)						
Other						

Please take this form to your child's health care provider so that he/she is aware of which immunizations are missing on your child's school health record. **When your child receives an immunization, you must bring a copy of your child's updated immunization record, signed by the health care provider who gives the immunization, to the school nurse.**

We request your cooperation so that your child's educational program is not disrupted. Failure to follow recommended immunization schedules can result in your child being excluded from school.

Exclusion date _____

If your child does not have a primary care provider, please contact the school nurse.

School Nurse Date School Nurse's Telephone Number

I am aware that the above requirements must be met.

Parent /Guardian Signature