



**Carl H. Kumpf Middle School**  
*Office of the Principal*  
 59 Mildred Terrace.  
 Clark, NJ 07066

**732-381-0400**  
**Fax 732-381-0262**

**Richard Delmonaco**  
**Principal**

**Amanda Davidson**  
**Assistant Principal**

May 3, 2018

To: Parents/Guardians  
 Re: AMENDMENTS TO CHAPTER 14: IMMUNIZATION OF PUPILS IN SCHOOL  
 (EFFECTIVE September 1, 2008)  
**Tetanus, diphtheria and pertussis (Tdap) & Meningococcal Vaccine Requirements**

As of September 1, 2008:

1. All children born on or after January 1, 1997 and enrolled in Grade Six or transferring into a New Jersey school from another state or country are to receive one booster dose of the Tetanus, diphtheria and pertussis (Tdap) vaccine, **provided 5 years have lapsed since the last one.**
2. All 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 to receive one dose of **meningococcal-containing vaccine.**

Please have your physician, certified nurse practitioner or public health agency complete the detachable form below indicating the month, day, and year of vaccination of the date of the appointment if your child will not have turned 11 years of age by the first day of school in September.

To ensure enrollment in the middle school, please take prompt action by complying with this requirement. Please contact me if you have any questions at 732-428-1802.

Sincerely,

Krista O'Connor  
 School Nurse

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Tdap Booster (Date): \_\_\_\_\_ Meningococcal Vaccine (Type/Date): \_\_\_\_\_ / \_\_\_\_\_

The patient named above will not have turned 11 years of age by the first day of school in September. I have scheduled an appointment for him/her to receive the vaccines on \_\_\_\_\_. I will then submit signed documentation that the vaccines were in fact given on that date with the month/day/year.

Medical Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_