



**WASHINGTON  
TOWNSHIP**  
SCHOOL DISTRICT

**BRASS CASTLE SCHOOL**  
16 Castle St.  
Washington, NJ 07882  
908.689.1188  
Jessica L. Garcia, PRINCIPAL

**DISTRICT CENTRAL OFFICE  
OLD SCHOOLHOUSE**  
One East Front Street  
Washington, NJ 07882  
908.689.1119  
Keith T. Neuhs, SUPERINTENDENT

**PORT COLDEN SCHOOL**  
30 Port Colden Rd.  
Washington, NJ 07882  
908.689.0681  
Michael J. Neu, PRINCIPAL

## IMMUNIZATIONS REQUIRED FOR KINDERGARTEN THROUGH GRADE 6

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

Please submit immunization record from your child's doctor.

\_\_\_\_\_ **DTaP/Tdap** (Diphtheria, Tetanus, Pertussis): 4 doses, with 1 dose administered on or after 4<sup>th</sup> birthday OR any 5 doses. All students entering the 6<sup>th</sup> grade in September must have a dose of Tdap vaccine

\_\_\_\_\_ **Polio**: 3 doses with 1 dose administered on or after 4<sup>th</sup> birthday OR any 4 doses

\_\_\_\_\_ **MMR\*** (Measles/Mumps/Rubella): 2 doses administered on or after 1<sup>st</sup> birthday; administered at least 1 year apart

\_\_\_\_\_ **Hepatitis B\***: 3 doses required

\_\_\_\_\_ **Varicella\*** (Chickenpox): 1 dose administered on or after 1<sup>st</sup> birthday

\_\_\_\_\_ **Meningococcal**: all students entering the 6<sup>th</sup> grade in September must have one dose of meningococcal vaccine

\_\_\_\_\_ **Mantoux** (for students born outside of the United States in countries with a high incidence of tuberculosis)

*\*Laboratory evidence of immunity is acceptable for Measles, Mumps, Rubella, Hepatitis B and Varicella requirements.*

**I understand that proof of immunizations is required prior to starting school.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date