

Mrs. Carla Wynter-Darius
Vice-Principal

cwynter@roselleschools.org



Ms. Jennifer Smith, Secretary
jsmith@roselleschools.org

Lydia Almeida RN, School Nurse
lalmeida@roselleschools.org

Dear Parent/Guardian:

Please be aware that the state of NJ mandates flu shots for all students entering pre-school. This vaccination must be given between **September 1 and December 31**. Please have the form below completed by your child's doctor and returned to the school nurse as soon as possible.

Failure to meet the NJ state immunization requirements will result in your child's exclusion from school. If you do not return proof of your child's flu shot by **December 31**, your child will be excluded from school on January 2 and will not be allowed to return until we receive proof of vaccination. If you have any questions, please contact me.

Sincerely,
Lydia Almeida RN
Preschool Nurse
Roselle Public School
lalmeida@roselleschools.org
908-298-2040 Ext: 2555

THIS PORTION MUST BE RETURNED TO THE SCHOOL NURSE

Child's name _____

Date of flu vaccine _____

Physician's Signature _____

Parent/Guardian Signature _____

Physician's Stamp (Must be provided)

