PITTSGROVE TOWNSHIP SCHOOLS Administration Building

aministration Building 1076 Almond Road

Pittsgrove, New Jersey 08318-3950 (856) 358-3094 Fax: (856) 358-6020

DR. SCOTT GOLDTHORP
Chief Academic Officer
(Fxt 4013)

DR. COURTNEY MCNEELY Superintendent of Schools

DARREN HARRIS
Bus. Admin./Board Secretary
(Fyt. 4018)

(Ext. 4013)	(Ext. 4016)	cnools	Ext. 4018)
Student's Name	Date of Birth	School Year	Current Grade
I am the parent/legal guardia religious tenets or practices Township School District pro	. Therefore, I request the	at my child be en	rolled in the Pittsgrove
mandatory immuniza school, preschool, or an exemption, purs established at N.J.S.	hool, or child care center ation if the child's parent child care center a written, suant to the requirement A. 26:1A-9.1, on "the grown e exercise of the pupil's re	or guardian subn signed statement its for religious und that theimi	nits to the requesting exemption
In addition, I agree to the foll	owing exclusion in accorda	ance with N.J.A.C.	8:57-4.4(d):
exemptions from rece child care center durir	or child care center may e eiving immunizing agents in ng a vaccine-preventable d ned by the Commissione is or her designee."	from the school, pi lisease outbreak or	reschool, or threatened
My signature signifies that I that my child(ren) may be ex disease outbreak or threaten	cluded from District progra		
Signature of Parent/Guardian	า		Date
Signature of Superintendent	of Schools		Date
Signature of School Nurse			Date
This Immunitation Evaluaion	Depart must be signed as	listed shove with	a conversion and to the

This Immunization Exclusion Report must be signed as listed above with a copy returned to the parent/guardian and kept on file with the student's confidential medical records while enrolled in the Pittsgrove Township School District.

Forms/Health/ImmunizationExclusionRpt-