

RIDGEWOOD PUBLIC SCHOOLS
Ridgewood, New Jersey

PROVISIONAL IMMUNIZATION ADMITTANCE REQUEST

Kindergarten – Grades 12

Provisional Admission allows a child to enter/attend school if they have a minimum of one dose of each of the required vaccines. (See *Physical Examination and Immunization Requirements*) Pupils must be actively in the process of completing the series. If a pupil is under five years of age, they have seventeen (17) months to complete the immunization requirements. If a pupil is five years of age and older, they have twelve (12) months to complete the immunization requirements.

Grace Periods

4-Day Grace Period: All vaccines doses administered *less than or equal to four days before* either the specified *minimum age or dose spacing interval* shall be counted as valid and shall not require revaccination in order to enter or remain in a school or preschool facility.

30-Day Grace Period: Those children *transferring into a New Jersey school or preschool from out of state/out of country* may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

To Be Completed By Parent

Name of Student _____

I request to have my child provisionally admitted to school pending the completion of the minimum immunization requirements. I affirm that the immunization required will be completed as soon as possible and in accordance with the appointment schedule provided by our family physician or local health department.

Signature of Parent/Guardian

Date

Telephone Number

To Be Completed By Physician/Health Officer

The above pupil's immunization series has been initiated and she/he is in the process of complying with all the immunization requirements. I have arranged an appointment schedule and agree to provide the remaining immunizations.

All immunization requirements should be met by _____
**Expiration of Provisional Admittance*

Name of Physician/Health Officer

Telephone Number

Address

Signature of Physician/Health Officer

Date

Stamp of Physician/Health Officer (Name/Address/Phone)

**May Not Exceed One (1) Year.*