



**PRINCIPAL**  
Christopher Caruso, Ed.D.

# WALLENPAUPACK AREA HIGH SCHOOL

2552 Route 6  
Hawley, PA 18428-7045  
(570) 226-4557  
Fax: (570) 251-3187

**ASSISTANT PRINCIPALS**  
Travis Ey  
Delia Peppiatt

**DISCIPLINE**  
Kristin Nebzydowski

**ATHLETIC DIRECTOR**  
Ann Marie Simons

**DIRECTOR OF SCHOOL SECURITY**  
John P. Clader

**COUNSELORS**  
Emily Caccavale  
Diane Farro  
Shawn Knisely  
Lauren McGinnis  
Melissa Monte  
Susan Sullum  
Catherine Zultewicz

August 18, 2022

Dear Parent/Guardian:

We have made several attempts to contact you regarding your child's immunization. As you may be aware the Department of Health has changed the required vaccines that are necessary for entrance into school for all 12<sup>th</sup> graders. Currently, we do not have a record of your child's second MCV vaccine (for prevention of Meningitis). We need to have one of the following:

- If you believe your child has had the second dose, please contact your physician's office, and have a copy of this record faxed to the school at 570-251-3157 within the next 5 days.
- If your child has not had this vaccine, please schedule an appointment with his/her physician and notify us below us the date in which the appointment is scheduled.
- If you for religious, medical, or personal beliefs do not want your child to receive the vaccine, please indicate this below.

Please check below and fax this form back to school 570-251-3157 or have your child return this form to the school. **Failure to respond to one of the following will result in the exclusion of your child from school.** If you would like more information on this new regulation or the vaccine itself please refer to the following web site [www.dontwaitvaccinate.pa.gov](http://www.dontwaitvaccinate.pa.gov) or speak with your child's pediatrician.

- ( ) My child had the vaccine and I will contact the physician's office to send it to the school
- ( ) My child has an appointment to have the vaccine on \_\_\_\_\_ (date)
- ( ) At this time I would prefer my child to be exempt for:
- ( ) Religious ( ) Medical ( ) Philosophical/Moral

Explanation: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Physician's Signature for Medical Exemption Only: \_\_\_\_\_