



WILLIAM HENRY HARRISON JUNIOR SCHOOL

9830 West Road Harrison, Ohio 45030 (513) 367-4831 Fax (513) 367-0370

Christian Tracy
Principal

Brandon McBee
Assistant Principal

Lauren Lutz-Kelly Young
Guidance Counselors

February 1, 2023

Dear Parents or Guardians of Incoming 7th graders,

Ohio state law requires a TDAP booster for all students entering 7th grade. If your child has already received this immunization, please supply the school with the exact date it was administered with the **physician signature**. If your child has not yet received this booster, they must receive it before entering the 7th grade for the 2023-2024 school year.

Documentation must be received by September 5, 2023 with the date the TDAP booster was administered and a **physician signature**. If this is not on file your child will be placed in alternative school assignment until documentation is received.

Thank you for your cooperation in this matter.

Christian Tracy
Principal

TDAP VERIFICATION DATE

Student Name _____

Date of Immunization _____

Physician Signature _____

It is the policy of the Southwest Local School District that educational activities, employment programs and services be offered without regard to race, color, national origin, sex, religion, handicap, or age.



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Dear Parents or Guardians of Incoming 7th graders,

Ohio State Law requires a Meningococcal Vaccine for all students entering 7th grade. This is a new law, and you must supply the school with the exact date it was administered with the **physician signature** prior to the 2023-2024 school year. Your child must have one dose and it must be administered on or after their 11th birthday.

According to the Ohio Department of Health, the meningococcal vaccination will prevent your child from a severe form of bacterial meningitis which can be easily spread in a school setting. It will also protect against other illnesses caused by this bacterium.

Documentation must be received by September 5, 2023, with the date the vaccine was given and the **physician signature**. If this is not on file your child will be placed in alternative school assignment until the documentation is received.

Thank you for your cooperation in this matter.

Christian Tracy
Principal

MENINGOCOCCAL VACCINE DATE

Student Name _____

Date of Immunization _____

Physician Signature _____