

**LITTLE FALLS TOWNSHIP PUBLIC SCHOOLS**

**School #3, 560 Main Street  
Little Falls, New Jersey 07424**

TEL: (973) 812-9512

FAX: (973) 256-6542

E-Mail: [boyle@lfschools.org](mailto:boyle@lfschools.org)

Website: [www.lfnjschools.org](http://www.lfnjschools.org)

**Rosemarie Boyle, CSN  
School Nurse**

**Office of the School Nurse**

Current Date: \_\_\_\_\_

To the Parent/Guardian of: \_\_\_\_\_

Welcome to Little Falls School No. 3!!

I am happy that your child has joined us at School No. 3, but in order for them to be compliant with the Little Falls BOE and the NJ State Dept. of Health mandates, they must have their physical exams completed by \_\_\_\_\_ in order to remain in school.

I have enclosed the appropriate physical forms to be completed by your health care provider.

Immunizations:

\_\_\_\_\_ DPT  
\_\_\_\_\_ Polio  
\_\_\_\_\_ MMR  
\_\_\_\_\_ Hepatitis  
\_\_\_\_\_ Varicella

Physical Exam \_\_\_\_\_

Please feel free to call me for any questions or concerns.

Sincerely,

Rosemarie Boyle, CSN  
School Nurse