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READINGTON MIDDLE SCHOOL

Mr. Timothy Charleston, *Principal*
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School Year 2024-25

Dear Parent/Guardian of our Seventh Grade Students,

New Jersey law requires that all public school students aged ten through eighteen be screened for scoliosis every other year. The purpose of this screening program is to recognize scoliosis in its earliest stages.

Scoliosis is defined as a condition of the spine in which the spine curves to the left or right. It is commonly found during the time of rapid physical growth and may progress if not treated. Curvatures can often be controlled if detected early.

Scoliosis screening will take place during physical education classes starting upon return from winter break.

Girls should wear a tank top or another piece of fitted clothing under their gym shirt so the entire spine can be viewed. (During the screening process, boys and girls will be asked to remove their gym shirts.) Students will be screened separately and privately in the health office. If your child has any suspected degree of curvature, you will be notified in writing, to seek further medical evaluation.

If you **do not** want your child to be screened by the school nurses, you must complete the form below and return it to us no later than Thursday, January 2, 2025

Sincerely,

Maureen Sjonell, RN msjonell@readington.k12.nj.us
Jill Komosinski, RN jkomosinski@readington.k12.nj.us
RMS School Nurses
phone 908-534-3810
fax 908-923-8614

READINGTON TOWNSHIP PUBLIC SCHOOLS
Scoliosis Screening Opt-Out Form

I **do not** want my child _____ screened for scoliosis.

My child is already under care or treatment for scoliosis: ____ YES ____ NO

Parent Signature

Date