



Dennis M. Walcott, Chancellor

**PROOF OF RESIDENCE AND
IMMUNIZATION REQUIREMENTS REFERENCE
DOCUMENTS**

Acceptable Proof of Residence Documentation

Any TWO of the following documents are considered verifiable:

- a. A residential utility bill (gas or electric) in the resident’s name issued by National Grid (formerly Keyspan), Con Edison, or the Long Island Power Authority (for the Rockaways)
- b. Documentation or letter on letterhead from a federal, state or local government agency, including the Internal Revenue Service (IRS), City Housing Authority, Human Resources Administration (HRA), the Administration for Children’s Services (ACS), or an ACS subcontractor indicating the resident’s name and address
- c. An original lease agreement, deed, or mortgage statement for the residence
- d. A current property tax bill for the residence
- e. A water bill for the residence
- f. Official payroll documentation from an employer such as a form substituted for tax withholding purposes or payroll receipt; a letter on the employer’s letterhead will not be accepted

NOTE: If a parent is subletting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent must present a notarized “Parent Affidavit of Residency” signed both by the primary leaseholder as well as the parent affirming that the family is residing in this home, **and must attach two proofs of address (see above) of the primary leaseholder.**

IMMUNIZATION REQUIREMENTS FOR DAY CARE/PRE-SCHOOL STUDENTS

IMMUNIZATION REQUIREMENTS	NUMBER OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) <i>Fourth dose should be at least 6 months after the third.</i>	4
OPV (oral poliovirus) or IPV (inactivated poliovirus)	3
MMR (measles-mumps-rubella) <i>On or after the 1st birthday.</i>	1
Hib (Haemophilus influenzae type b) <i>One dose at or after age 15 months. If younger than 15 months, 3 doses required, as age appropriate.</i>	1, 2, or 3
Hepatitis B	3
Varicella <i>On or after 1st birthday.</i>	1
Pneumococcal conjugate (PCV) <i>For all children born on or after January 1, 2008, as age appropriate.</i>	1, 2, or 3