

OYSTER BAY-EAST NORWICH CENTRAL SCHOOL DISTRICT

PHONE (516) 624-6501 FAX (516) 624-6520

In order to complete your child's registration in the Oyster Bay East Norwich Central School District, the following documents **must** be provided for each child.

Documentation of Age

An original or certified transcript of a birth certificate or record of baptism (including an original or certified transcript of a foreign birth certificate or record of baptism) giving the date of birth; **or**

Passport (including foreign passport) giving the date of birth

Proof of Residence required:

Please provide one (1) from Section A and two (2) from Section B, OR three (3) items from Section B.

<u>A</u>	<u>B</u>
Proof of Residency	AND
Deed, Property Tax, Bill or Mortgage	Utility Bill/Incoming Service
OR	Valid Driver's License
Lease with landlord affidavit and proof of ownership attached	Documents issued by Federal/State or Local Agencies
	Current income tax
	Current pay stub with address
	Other forms of documentation and/or information establishing parent(s) or person in parental relation physical presence in the school district.

Parent(s)/Guardian(s) shall provide proper proof of parental relationship

Guardianship papers for students not living with parents.

If divorced or separated, judgment of divorce (pages referring to custody and visitation).

School Records:

All records from the school the student is currently enrolled (i.e. student report cards and/or transcript, NYS test results, and special education IEP or 504 accommodation plan, if applicable). Receipt of such records is not required as a prerequisite for enrollment. However, to facilitate the proper placement of your child, please provide us with such records as soon as possible.

Health Examination – Proof of a satisfactory health examination conducted by a physician, physician assistant, or nurse practitioner licensed in New York, upon first entering the District, and upon entering prekindergarten, kindergarten, and the second, fourth, and seventh grades. To be acceptable, such examination must have been conducted no more than 12 months before the first day of school.

Dental Health Certificate – Optional

Immunizations - Proof of immunization in accordance with the age-appropriate schedule recommended by the Advisory Committee for Immunization Practice (ACIP). The school nurse will review and approve immunization records prior to enrollment of new students. No child may be admitted to, or allowed to attend, school for more than fourteen (14) days without acceptable evidence of immunization. This fourteen (14) day period may be extended, on a case-by-case basis, to thirty (30) days when a student has transferred from another state or country.

Administration of Medication at School - If it is necessary for a student to take medication in school, both the parent and physician must sign a written request which specifies the diagnosis, name of medication, dosage, frequency to be given in school, and possible side effects. These forms can be obtained in the Health Office. Medications should be delivered by the parent in the original container to the School Nurse. This includes over the counter medication.

Students taking Prescribed Medication at Home - The School District also requires that a parent notify the Health Office any time a student is on prescription medication, even if the medication is only being taken at home. It is beneficial to the School District to know the name of the medication in the event that the student suffers from side effects during the school day.

PLEASE BE ADVISED that in order for your child/children to attend the Oyster Bay - East Norwich Central School District, you must be a resident of the District.

If the District determines at any time that you are not a resident of the District, your child/children will be excluded from the District. Further, you will be liable to the District for payment of tuition from their date of enrollment through their date of exclusion, as well as the costs of collection.

Please contact Joanne Weber at 516-624-6501 to set up an appointment to enroll the student(s). The District's Administration Building is located at 1 McCouns Lane, Oyster Bay, New York 11771.

Start Date _____ ID# _____

Date of Registration _____ Grade Entering _____ High School _____ Vernon _____ Roosevelt _____

OYSTER BAY-EAST NORWICH CENTRAL SCHOOL DISTRICT
REGISTRATION FORM

Student's Legal Name _____ Sex: M ___ F ___
Last First Middle

Ethnicity/Race: All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

1. Is this student Hispanic, Latino, or of Spanish origin? (*A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race*).
_____ YES, Hispanic _____ NO, not Hispanic

2. Select one or more races from the following five racial groups. Check (√) all groups that apply to your child:
_____ AMERICAN INDIAN OR ALASKA NATIVE:
_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
_____ ASIAN _____ BLACK/AFRICAN AMERICAN _____ WHITE

Student's Address _____
Street Town Zip Code

Years/months at this address _____ Date of Birth _____ Age _____

State of Birth _____ Primary language spoken at home _____

Date first enrolled in U.S. schools _____ ***Years in U.S. Schools*** _____

Previous School Attended _____ Phone _____

School Address _____

Dates Attended Previous School: Start Date _____ End Date _____

Last Grade Completed _____ **Date Completed** _____ / _____ / 20 _____

If applicable, date of entry into Grade 9: _____ **District/School Name** _____

Was this student receiving Special Education or other service in his/her last school? Yes ___ No ___

If yes, please describe services that were provided: _____

Is student rendered homeless: Yes ___ No ___

Student lives with: (check all that apply)

Mother ___ Father ___ Stepparent ___ Guardian ___ Other ___

Family Status: Married ___ *Divorced ___ Separated ___ Single Parent(s) ___
(Custody papers)

Is one or more parent/guardian on active duty in the armed forces? Yes ___ No ___ Date of Entry ___

Mother/Guardian _____

Address _____ Home Phone _____ Cell _____

Place of Employment _____ Work Phone _____

E-mail address _____

Father/Guardian _____

Address _____ Home Phone _____ Cell _____

Place of Employment _____ Work Phone _____

E-mail address _____

School Age Siblings:

Name _____ School _____ Name _____ School _____

Name _____ School _____ Name _____ School _____

Parent/Guardian Signature _____ **Date** _____

** Any misrepresentation about the student's residence could subject the parent or guardian to criminal or civil penalties.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Proof of residency required. Please provide one (1) item from Section A and two (2) from Section B. Or 3 items from Section B.

	A	B	
Proof of Birth	Proof of Residency	AND	Student Information
Birth Cert	Deed, Property Tax Bill or Mortgage	Utility Bill/Incoming Service	Parent Custody Agreement
Passport	OR	Driver's License	Guardianship Affidavit
Other/Specify	Lease with landlord affidavit & proof of ownership	Documents issued by Federal/State or Local Agencies	Other forms of documentation and/or information establishing parent(s) or person in parental relation physical presence in the school district.
		Income Tax	
		Pay stub with address	

OYSTER BAY – EAST NORWICH CENTRAL SCHOOL DISTRICT

HOUSING QUESTIONNAIRE

Name of School: Oyster Bay H. S.: _____ Vernon: _____ Roosevelt: _____ Grade: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: _____ / _____ / _____ Age: _____ ID # _____
 Female Month Day Year

Address: _____ Phone: _____
_____ Cell: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's Local Education Agency (LEA) liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

If this student has been approved as "homeless" please send a copy to the business office.

OYSTER BAY EAST NORWICH CENTRAL SCHOOL DISTRICT
(516) 624-6501 FAX (516) 624-6520

AFFIDAVIT OF LANDLORD

Attach a copy of Deed **OR** a recent Mortgage Statement **OR** a recent Tax Bill
for proof of ownership.

STATE OF NEW YORK)
) ss:
COUNTY OF NASSAU)

I, _____, being duly sworn, depose and say:
Print Name of Legal Owner/Landlord

I am the legal owner/landlord of _____
Street Address

Town _____ State _____ Zip Code _____

Check one: Single Family 2 Family Dwelling Multi-Family

The terms and conditions of said tenancy are as follows:
(Specify lease, rental agreement or other and date of expiration)

_____ Utilities included - Yes _____ No _____
(if yes, please include copy of bill)

I do hereby certify that the following tenant and their child(ren) reside at the above residence. I understand that it is my responsibility to notify the district office when these parties move out from my residence:

_____ and _____
Print Mother's Name Print Father's Name

Name of child(ren):

1. _____ 2. _____
3. _____ 4. _____

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that the above mentioned child(ren) may be admitted to the schools of the Oyster Bay East Norwich Central School District as a district resident.

Print Name of Legal Owner/Landlord

Telephone Number

Signature of Legal Owner/Landlord

Sworn to before me
This _____ day of _____ 20____

NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS AFFIDAVIT IS ALSO PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW

Oyster Bay-East Norwich Central School District

HIGH SCHOOL	VERNON	ROOSEVELT	PRE-K
GRADE	TEACHER		
<i>(FOR OFFICE USE ONLY)</i>			

EMERGENCY CONTACT INFORMATION 20_____

Student's Name _____ Sex: M F
Last First

Home Address _____
Street Town Zip

Home Telephone _____

Parents' e-mail address (Mother) _____

(Father) _____

In my home, only _____ is spoken
(Language other than English)

PARENT/GUARDIAN INFORMATION

Mother/Guardian _____
Name Work Phone Cell Phone

Father/Guardian _____
Name Work Phone Cell Phone

EMERGENCY CONTACT NAMES & PHONE NUMBERS

(Other than parent)

Name Relationship to student HOME _____
 CELL _____
 WORK _____

Name Relationship to student HOME _____
 CELL _____
 WORK _____

Office use only

WALKER _____ A.M. BUS # _____ P.M. BUS # _____

Bus Stop _____

Please notify school office of any changes in the above information and we will update your file accordingly.



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)			
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ specify	<input type="checkbox"/> Father _____ specify	<input type="checkbox"/> Guardian(s) _____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
District Name (Number) & School	Address

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been referred for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. <i>If referred for an evaluation</i> , has your child ever received any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____	
12. In what language(s) would you like to receive information from the school? _____	

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation _____

Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ MO. DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

Oyster Bay-East Norwich Central School District

Oyster Bay, New York, 11771-3105

Phone: 516-624-6501

www.obenschools.org

To Whom It May Concern: _____

Previous School

Students Name _____

Date of Birth _____

Start Date _____

Is now registered to attend school at:

_____ **Main Office - Fax 516-624-6591**

Theodore Roosevelt Elementary school

150 West Main Street

Oyster Bay, New York 11771

_____ **Main Office - Fax 516-624-6522**

James H. Vernon School

880 Oyster Bay Road

East Norwich, New York 11732

_____ **Guidance Office - Fax 516-802-8030**

Oyster Bay High School

150 East Main Street

Oyster Bay, New York 11771

Please release the scholastic, health, standardized test records, and psychological reports. **Mail or fax to the school indicated above.**

Your cooperation is greatly appreciated.

Signature of Parent/Guardian

Date

2018-19 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 5, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3 and 4	Grade 5	Grades 6, 7, 8, 9 and 10	Grades 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older			3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)³		Not applicable			1 dose
Polio vaccine (IPV/OPV)⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses			
Hepatitis B vaccine⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years			
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY)⁸		Not applicable		Grades 7, 8 and 9: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)⁹	1 to 4 doses	Not applicable			
Pneumococcal Conjugate vaccine (PCV)¹⁰	1 to 4 doses	Not applicable			

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
 - b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 11/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.
 - b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. Intervals between the doses of polio vaccine do not need to be reviewed for grades 5, 11 and 12 in the 2018-19 school year.
 - e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for prekindergarten and grades 11 and 12. Two doses are required for grades kindergarten through 10.
 - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8 and 9.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**