

William Floyd UFSD
2024-2025 School Year
Immunization Requirements for Students in Kindergarten, Grades 1, 2, 3, 4, & 5

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Kindergarten & Grade 1, 2, 3, 4, & 5

Immunization	Number of Doses
Polio	4 doses or 3 doses if the 3rd dose given at 4 years of age or older
Hepatitis B	3 doses
Diphtheria/Tetanus/Pertussis	5 doses or 4 doses if the 4th dose given at 4 years of age or older or 3 doses if 7 years or older & series started at age 1 or older
Measles/Mumps/Rubella	2 doses
Varicella (Chickenpox)	2 doses

Please send proof of immunization to the school nurse where your child will be attending.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
 - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____

School: _____

Phone #: _____

Fax: _____

Email: _____

**William Floyd UFSD
2024-2025 School Year**

Immunization Requirements for Students in Grades 6, 7, 8, 9, 10,11 & 12

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Students in Grades 6, 7, 8, 9, 10,11,& 12

Immunization	Number of Doses
DTaP/DTP	3 doses
Tdap	Age 11: Must receive an immunization containing Tetanus Toxoids, diphtheria, and acellular pertussis (Tdap)
Polio	4 doses or 3 doses if the 3 rd dose was received at age 4 or older
MMR	2 doses
Hepatitis B	3 doses or 2 doses of adult hepatitis B Vaccine (Recombivax) for children who received doses at least 4 months apart between ages 11 through 15 years
Varicella (chickenpox)	2 doses
Meningococcal conjugate (MenACWY)	1 dose Grade 7 or 8*, 9 - 11
* Students in grades 7 and 8 must show proof of a meningitis ACWY vaccine given after their 10 th birthday * Students in grade 12 must show proof of a second meningitis ACWY vaccine given after age 16.	

Thank you for your attention to these new immunization requirements.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____

School: _____

Phone #: _____

Fax: _____

Email: _____