

Attn:
NYC Residents...

Dear Parent/Guardian:

To cooperate with the New York City Education, Division of Financial Operations, I must kindly request that you fill out the attached form indicating that you reside within NYC limits.

You must also send one copy of a recent utility bill to my office proving such residency. I would appreciate it if you could fill out your portion of the affidavit form and send the proof of residency in with your child or via email as soon as possible.

The list below is acceptable proof of residency:

- Utility Bill
- Cable Bill
- Official Mortgage Receipt
- Official Rental Receipt
- Cell Phone Bill

All proofs of residency must include the residents' name and a date within the current school year (July thru June).

Rest assured that complying with this request will not result in any cost to you. If you have any questions, please do not hesitate to contact me.

Sincerely yours,

Kathy Page, RN
VSCA School Nurse
nurse@vscaschool.org
(516) 561-6122



Department of
Education

Frank Lanore, Director
Bureau of Non-Public School Payables

**STATEMENT OF PARENT IN SUPPORT OF HEALTH SERVICE CLAIM
FOR A NEW YORK CITY RESIDENT CHILD**

SCHOOL YEAR ENDING JUNE 30, 2026	NOTE TO CLAIMING SCHOOL DISTRICT - PLEASE COMPLETE ALL INFORMATION. IT WILL HELP TO ENABLE US TO PROCESS YOUR CLAIM MORE EFFICIENTLY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE TUITION UNIT AT (718) 935-2938. NOTE TO PARENT/GUARDIAN - IF YOU HAVE ANY QUESTIONS ABOUT THIS STATEMENT, PLEASE CONTACT YOUR CHILD'S SCHOOL DIRECTLY.	DATE
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CLAIMING SCHOOL DISTRICT INFORMATION SCHOOL DISTRICT FEDERAL TAX ID NUMBER 11-2136917	OFFICIAL DESIGNATION OR TITLE OF SCHOOL DISTRICT Nassau BOCES
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MAILING ADDRESS: NUMBER & STREET, CITY, STATE, ZIP CODE 71 Clinton Road Garden City NY 11530
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FORM PREPARED BY (OR CONTACT PERSON) PRINT NAME Nora Epstein, R.N.	TELEPHONE NUMBER (INCLUDE AREA CODE) 516-396-2255
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STUDENT INFORMATION DATE OF BIRTH (MM/DD/YY)	PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES STUDENT'S LAST NAME	FIRST NAME	INITIAL	GRADE
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NAME AND ADDRESS OF NON-PUBLIC SCHOOL CHILD IS ATTENDING Valley Stream Christian Academy	12 E. Fairview Ave Valley Stream NY 11580
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PARENT/GUARDIAN STATEMENT I, _____, Parent/Guardian of the student named above hereby affirm: 1. That I am a legal resident of New York City residing at: PRINT HOME ADDRESS (NUMBER AND STREET, BOUROUGH, ZIP CODE - PO BOXES ARE NOT ACCEPTABLE) and intend to reside at this address throughout the school year referred to above. In the event of a change of residence to a location outside of New York City, notice of such change will be furnished, in writing, to the Department of Education of the City of New York, Non-Resident Tuition Unit, 65 Court Street - Room 1001, Brooklyn, NY 11201. 2. That my child, named above, is on the register of the aforementioned school for the school year referred to above and was on the school's register as of October 1st of that year. AFFIRMED: SIGNATURE OF PARENT/GUARDIAN NEW YORK CITY TELEPHONE NUMBER (INCLUDE AREA CODE) Subscribed to me on _____ DATE _____ SIGNATURE AND TITLE OF NON-PUBLIC SCHOOL OFFICIAL

OR NYC DOE USE ONLY
VERIFIED BY: