



REGISTRATION REQUIREMENTS FOR ELEMENTARY SCHOOL

- **COPY OF ORDERS (STUDENT SHOULD BE LISTED AS A DEPENDENT OR PAGE 13 FOR NAVY SPONSORS)**
- **IF STUDENT WILL BE IN KDG OR FIRST GRADE COPY OF PASSPORT OR BIRTH CERTIFICATE (5 & 6 years old by Sept. 1st.)**
- **COPY OF SCHOOL RECORDS (transcript, report card, standardized test score results, special education records if apply)**
- **IMMUNIZATION RECORDS**
- **REGISTRATION PACKET (attached)**

SUMMER REGISTRATION FOR SY 2013-2014

REGISTRATION STARTS ON AUGUST 7, 2013.

TO EXPEDITE THE PROCESS, PLEASE CONTACT THE REGISTRAR.

ELEMENTARY SCHOOL REGISTRAR: MARCELA MUNOZ

marcela.munoz@eu.dodea.edu

727-4187/956-824181

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION

OMB No. 0704-0495
OMB approval expires
Mar 31, 2016

SY _____ / _____

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0495). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 2164, and 20 U.S.C. Sections 921-932.

PRINCIPAL PURPOSE(S): To obtain information necessary to enroll students, administer school operations, and protect student health and welfare in DoD operated dependent educational programs. Completed forms are covered by the DoDEA Dependent Children's School Program Files SORN located at <http://privacy.defense.gov/notices/DODEA26.shtml>.

ROUTINE USE(S): To Federal, State and local government officials to protect health and safety in the event of emergencies. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml also apply to this collection.

DISCLOSURE: Voluntary; however, failure to disclose the information collected on this form may delay and/or prevent the enrollment of a child and/or the delivery of educational and emergency services.

This form is completed by the **sponsor**, who is a parent, spouse, or a legal guardian, to request enrollment of his/her dependent(s) at a DoDEA school. A **dependent** is a minor individual who has not completed secondary schooling and who is the child, stepchild, adopted child, ward or spouse of the sponsor. The information collected is used internally to determine the student's eligibility to enroll on a tuition-free or tuition-paying basis, and whether the student is space-required or space-available. It is also used to ensure that DoDEA makes available the appropriate classrooms, staffing, and supportive educational services, places students in the appropriate grade, identifies students with special needs, and to ensure compliance with laws protecting student rights.

SECTION I - SPONSOR INFORMATION

1. TITLE (Rank/Mr./Mrs.)	2.a. SPONSOR LAST NAME	b. SPONSOR FIRST NAME	c. SPONSOR MIDDLE NAME	3. RELATIONSHIP TO STUDENT
4. TELEPHONE NUMBERS (Include Area Code or DSN)			5. EMAIL ADDRESS	
a. HOME	b. DUTY/WORK	c. CELL		
6. ORGANIZATION			7. PAY GRADE (E-1/O-1/GS-1)	8. ROTATION/DEPARTURE DATE (YYYYMMDD)
9. ORGANIZATION MILITARY INSTALLATION/CITY/COUNTRY				
10. MAILING ADDRESS (e.g., Local/APO/FPO) (Required)			11. PHYSICAL QUARTERS (Street, City, etc.) (Enter only if different from mailing address)	

SECTION II - SPONSOR'S SPOUSE INFORMATION

1. TITLE	2.a. SPOUSE LAST NAME	b. SPOUSE FIRST NAME	c. SPOUSE MIDDLE NAME	3. RELATIONSHIP TO STUDENT
4. TELEPHONE NUMBERS (Include Area Code or DSN)			5. EMAIL ADDRESS	
a. HOME (If different)	b. DUTY/WORK	c. CELL		
6. ORGANIZATION MILITARY INSTALLATION/CITY/COUNTRY				

SECTION III - FIRST LOCAL EMERGENCY CONTACT AND RELEASE INFORMATION

The person identified will be contacted if there is an emergency and the sponsor/spouse/legal guardian cannot be contacted. I permit the dependent that I am registering with this form to be released to the emergency contact identified in this section if I or my spouse are not available.

1. LAST NAME (Not sponsor or spouse)	2. FIRST NAME	3. TITLE	4. RELATIONSHIP TO STUDENT
5. HOME TELEPHONE	6. DUTY/WORK TELEPHONE	7. CELL PHONE	

SECTION IIIA - SECOND LOCAL EMERGENCY CONTACT AND RELEASE INFORMATION

The person identified will be contacted if there is an emergency and the sponsor/spouse/legal guardian or the first local emergency contact cannot be contacted. I permit the dependent that I am registering with this form to be released to the emergency contact identified in this section if I or my spouse are not available.

1. LAST NAME (Not sponsor or spouse)	2. FIRST NAME	3. TITLE	4. RELATIONSHIP TO STUDENT
5. HOME TELEPHONE	6. DUTY/WORK TELEPHONE	7. CELL PHONE	

SECTION IIIB - PERMANENT STATESIDE EMERGENCY CONTACT INFORMATION

1. LAST NAME	2. FIRST NAME	3. TITLE	4. RELATIONSHIP TO STUDENT
5. HOME TELEPHONE	6. DUTY/WORK TELEPHONE	7. CELL PHONE	
8. PERMANENT STATESIDE ADDRESS			

SECTION IV - STUDENT INFORMATION

1.a. LEGAL LAST NAME <i>(Include Jr./Sr./II)</i>		b. LEGAL FIRST NAME		c. LEGAL MIDDLE NAME		d. PREFERRED FIRST NAME	
2. STUDENT GRADE	3. GENDER <i>(X one)</i> <input type="checkbox"/> M <input type="checkbox"/> F	4. DATE OF BIRTH <i>(YYYYMMDD)</i>		5. STUDENT ETHNICITY: HISPANIC OR LATINO <i>(X one)</i> <input type="checkbox"/> Y <input type="checkbox"/> N			
6. STUDENT RACE <i>(X all that apply)</i> <input type="checkbox"/> a. American Indian or Alaska Native <input type="checkbox"/> c. Black or African American <input type="checkbox"/> e. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> b. Asian <input type="checkbox"/> d. White							
7. STUDENT CELL PHONE <i>(Include Area Code)</i>		8. STUDENT EMAIL ADDRESS <i>(May be assigned by school)</i>			9. PASSPORT NUMBER <i>(H.S. only)</i>		10. PASSPORT EXPIRATION DATE <i>(YYYYMMDD)</i>
11. DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH IN THE HOME? <i>(X one) (If Yes, what language?)</i> <input type="checkbox"/> Y <input type="checkbox"/> N				12. IS THERE AN ADULT WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH? <i>(X one) (If Yes, what language?)</i> <input type="checkbox"/> Y <input type="checkbox"/> N		13. WHAT IS THE HOME LANGUAGE?	

SECTION V - STUDENT HEALTH INFORMATION

The information for physical and medical facility is for use in an emergency. Other information is collected to ensure compliance with immunization requirements and provide staff with the student's medical background.

1. PHYSICIAN OR MEDICAL FACILITY NAME		2. PHYSICIAN OR MEDICAL FACILITY TELEPHONE NUMBER <i>(Include Area Code or DSN)</i>	
3. FOR NEW STUDENT: I have provided school officials with the DoDEA Form 2942.0-M-F1, "DoDEA Student Health History." <input type="checkbox"/> Y <input type="checkbox"/> N			
4. FOR RETURNING STUDENT: I have provided school officials with the DoDEA Form 2942.0-M-F2, "DoDEA Returning Student Health History." <input type="checkbox"/> Y <input type="checkbox"/> N			
5. IMMUNIZATIONS <i>(Only for new student) (X and initial)</i> <input type="checkbox"/> I have provided or <input type="checkbox"/> will provide a copy of the Immunization Record as soon as possible to meet the provision allowing 30-calendar day grace period to obtain required immunizations.			
6. OTHER CONCERNS			
7. DOES THE STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? <i>(X one)</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>(If Yes, specify:)</i>			

SECTION VI - VERIFICATION

1. I AM REGISTERING _____ <i>(how many)</i> STUDENT(S).	
2. I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.	
a. SIGNATURE OF SPONSOR/SPOUSE/LEGAL GUARDIAN	b. DATE <i>(YYYYMMDD)</i>

SECTION VII - FINAL DETERMINATION

The final determination for placement of a child in a DoDEA school is the responsibility of DoDEA. You may be provided the opportunity to personally explain, refute, or clarify any information before a final decision is made.

SECTION VIII - SCHOOL USE

1. STUDENT NUMBER	2. STUDENT GRADE	3. ENROLLMENT CODE	4. SCHOOL CODE (DODAAC)
5. SCHOOL NAME			6. FIRST DAY STUDENT STARTS SCHOOL <i>(YYYYMMDD)</i>
7. ORDERS ON FILE/VERIFIED <i>(X one)</i> <input type="checkbox"/> Y <input type="checkbox"/> N		8. BIRTH DATE VERIFIED <i>(Birth Certificate or Passport for Pre-Kindergarten, Sure Start, Kindergarten, First Grade)</i> <input type="checkbox"/> Y <input type="checkbox"/> N	
9. I verify that the information is correct.			
a. SIGNATURE OF REGISTRAR			b. DATE <i>(YYYYMMDD)</i>

Enrollment Eligibility Categories for U.S. Military

Identify the appropriate category and provide documents to support this as listed below

Command Sponsored <i>Space-Required, Tuition-Free</i>		
Code	Description	Documentation Required
1AA	Army Active Duty	A or [A + (B or C or D)]
1AB	Army Reserves	A or [A + (B or C or D)]
1AC	Army Guard	A or [A + (B or C or D)]
1BA	Navy Active Duty	A or [A + (B or C or D)]
1BB	Navy Reserves	A or [A + (B or C or D)]
1CA	Marine Active Duty	A or [A + (B or C or D)]
1CB	Marine Reserves	A or [A + (B or C or D)]
1DA	Air Force Active Duty	A or [A + (B or C or D)]
1DB	Air Force Reserves	A or [A + (B or C or D)]
1DC	Air Force Guard	A or [A + (B or C or D)]
1EA	Coast Guard Active Duty	A or [A + (B or C or D)]
1EB	Coast Guard Reserves	A or [A + (B or C or D)]

Non-Command Sponsored, or Residing in a Different Overseas Location (active duty only) <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3AA	Army Active Duty	A + (G or H)+I
3AB	Army Reserves (180 Days or more)	F + (G or H)
3AC	Army Guard (180 Days or more)	F + (G or H)
3BA	Navy Active Duty	A + (G or H)+I
3BB	Navy Reserves (180 Days or more)	F + (G or H)
3CA	Marine Active Duty	A + (G or H)+I
3CB	Marine Reserves (180 Days or more)	F + (G or H)
3DA	Air Force Active Duty	A + (G or H)+I
3DB	Air Force Reserves (180 Days or more)	F + (G or H)
3DC	Air Force Guard (180 Days or more)	F + (G or H)
3EA	Coast Guard Active Duty	A + (G or H)+I
3EB	Coast Guard Reserves (180 Days or more)	F + (G or H)

Secretary of Defense Waivers for Military Sponsors <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3GA	Army	E + G
3GB	Navy	E + G
3GC	Marines	E + G
3GD	Air Force	E + G
3GE	Coast Guard	E + G

Other U.S. Military		
Code	Description	Documentation Required
<i>Space-Required, Tuition-Paying</i>		
1GA	Security Assistance Program	A or [A + (B or C or D)]
1GB	Foreign Military Sales	A or [A + (B or C or D)]
<i>Space-Available, Tuition-Paying</i>		
Reserve/Guard Activated		
2CA	Less Than 179 Days	(C or F) + (G or H)]
CONUS Based Active		
2CA	Duty TDY Overseas	(C or F) + (G or H)]

Documentation Needed

- A. -Sponsor's PCS orders listing family members. Cannot use Page 2 of Navy orders, but can use Page 13 or DoDEA Form 601 to verify command sponsored Navy dependents. (New DEROS validated with memo from Mil Pers Office, Enl/Off Record Brief, Virtual Personnel Data Sheet, Personnel Online Listing, DoDEA Form 601)
- B. -Designated Location Movement (DLM) or Dependent Remain Overseas (DRO) orders listing family members.
- C. -DoDEA Form 601, Verification of Military Employment, validated by the Installation Military Personnel Office or Unit/Rear Detachment Commanding Officer.
- D. -Approved Command Sponsorship listing student(s), issued by the Installation Military Personnel Office.
- E. -Death of Sponsor: Death certificate and/or documentation showing sponsor died while entitled to active duty pay or compensation. Also need copy of surviving spouses passport as this waiver is only applicable to foreign spouses wishing to enroll children in DoDDS within their country of citizenship. Other Secretary of Defense Waivers granted to groups of students if applicable.
- F. -Reserve or National Guard orders reflecting activation. If active duty, CONUS based active duty military TDY orders.
- G. -Documentation connecting the student to the sponsor as the sponsor's dependent. Primary document for this is the student's birth certificate reflecting the sponsor as one of the biological parents. If the child is biologically connected to the spouse only, then a copy of the marriage certificate and student's birth certificate are required. If birth certificates are not available we can use a copy of the student's ID card reflecting the sponsor by name on the card. Note that if neither parent is biologically connected to the student, enrollment is suspended pending receipt of In Loco Parentis documentation listed in "H" below and approval by the DoDDS-E Eligibility POC.
- H. -In Loco Parentis Documentation. Sponsor needs to provide school with the DoDEA Form 1003, ILP Declaration Form. *(All In Loco Parentis cases must be reviewed and approved by DoDDS-E Office of Enrollment and Eligibility).*
For CONUS Based Deployments in Support of Operation Iraqi Freedom or Enduring Freedom (OIF/OEF): Applies to CONUS based single parents, and dual military deployments in support of OIF/OEF. Documentation required is: (1) Memorandum from Unit Commander or first 0-6 in the chain of command requesting exception to policy for enrollment of the deployed's family members. (2) Deployment orders reflecting the number of days deployed (can also be included in the exception to policy memo). (3) Portion of the Family Care Plan reflecting a person who resides in an overseas location as the Family Care Provider (FCP). (4) PoA granting the FCP the right to act on behalf of the deployed sponsor(s) when an emergency arises at the school. (5) DoDDS-E Eligibility POC approval prior to enrollment.
- I. -If needed, a memo from the sponsor confirming and agreeing to the use of his/her DoDDS eligibility entitlement, by the family, while in another overseas location.

(NOTE: Kindergarten and 1st Grade minimum age requirements are validated with either DoD orders listing the birth date, or a birth certificate, or a passport.)

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

ESL Home Language Questionnaire

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT

Child's Name: _____

Date: _____

Grade: _____

Date of Birth: _____

Age: _____

1. What language is commonly spoken in your home?

English Another Language (Please specify): _____

2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)

No Yes If yes: What language is spoken? _____

3. What language did your child use when he/she first began to talk?

English Another Language (Please specify) _____

4. Has your child attended English speaking schools?

No Yes If yes: How many years? _____

5. What language does your child read and/or write?

English Another Language (Please specify) _____

6. What language do you most often use when speaking with your child?

English Another Language (Please specify) _____

7. What language does your child use most often when speaking to you?

English Another Language (Please specify) _____

8. If your child is cared for by another person on a regular basis, what language is most often used?

English Another Language (Please specify) _____

9. Do you as a parent need to communicate with the school in a language other than English?

No Yes If yes, in what language? _____

Continued on the next page

ESL Home Language Questionnaire (cont.)

If based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.

AND

2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

Parent Signature

Date

To be completed by ESL Teacher:

Recommendation:

Proficiency Testing

Records Review

No ESL Services
Required

Signature of ESL Teacher: _____

Date: _____

Distribution: Original to Student's Cumulative File, Copy to ESL Teacher

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
EDUCATIONAL PRE-SCREENING QUESTIONNAIRE**

STUDENT'S NAME _____ GRADE _____ Male Female

Sponsor's Name _____ Phone: _____ / _____
Duty Home

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164, 20 U.S.C. 921-932; and DoD Directive 1342.20

PRINCIPAL PURPOSE: The information will be used within the Department of Defense (DoD) Education Activity and DoD to determine Educational programs and interventions required to meet individual student needs. This includes programs identified for students receiving gifted education, special education, 504-disability or at risk services.

ROUTINES USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 USC 552a(b)(3) and the DoD "Blanket Routine Uses," described at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices, located at: <http://www.defenselink.mil/privacy/notice/osd>,

DISCLOSURE: Disclosure to the DoD of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

To better understand the educational needs of your child, please complete and return this in a sealed envelope marked "confidential" to the school principal or protected mail attachment. Sponsors or parents are asked to answer all questions and sign the form.

1. Gifted Education:

- a. Has your child been formally assessed for Gifted Education: Yes No
b. My child was found eligible: Yes No

2. At Risk Services:

- Did your child attend Sure Start or Head Start? Yes No
Has your child received remedial reading services? Yes No
Has your child received remedial math services? Yes No

3. Individual Education Program (IEP):

- a. Has your child been previously assessed: Yes No
b. My child has an active IEP: Yes No

4. Exceptional Family Member Program (EFMP):

My child is eligible/enrolled in EFMP Yes No

5. My child previously received educational assistance or accommodations in a 504 Plan (*non-special education assistance*).

- Yes No
My child has a 504 Plan: Yes No

Sponsor's Signature

Date (MMDDYYYY)

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY**

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. sections 2164 and 20 U.S.C. sections 921-932.
PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.
ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at <http://www.deltenseiink.mil/privacy/miltec/osl>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.
DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

NAME (Last, First, Middle Initial)

Check: Female Male
 Date of Birth: _____ / _____ / _____
 (mm / dd / yyyy)

MEDICAL HISTORY: CHECK (✓) ALL THAT APPLY AND EXPLAIN BELOW OR ATTACH ADDITIONAL PAGE(S).

VISION	RESPIRATORY	ASTHMA	HEARING	PSYCHIATRY	ALLERGIES (A SHSG Form H-3-7 should be completed.)
<input type="checkbox"/> Wears glasses for reading	<input type="checkbox"/> Bronchitis	Date of Diagnosis:	<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Bee sting
<input type="checkbox"/> Wears glasses full time	<input type="checkbox"/> Cystic fibrosis		<input type="checkbox"/> Ear tubes	<input type="checkbox"/> Bulimia	<input type="checkbox"/> Wasp sting
<input type="checkbox"/> Wears contacts	<input type="checkbox"/> Sinusitis	Inhaler needed: @ school * YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Insertion date: Are tubes currently in place: Right? YES NO Left? YES NO	<input type="checkbox"/> Autism	<input type="checkbox"/> Other insects
<input type="checkbox"/> Color deficiency	<input type="checkbox"/> Other		<input type="checkbox"/> Hearing loss: Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Seasonal
	CARDIOVASCULAR		<input type="checkbox"/> Other	<input type="checkbox"/> Depression	<input type="checkbox"/> Environmental
	<input type="checkbox"/> Sickie cell disorder		HEARING	<input type="checkbox"/> Substance abuse history	<input type="checkbox"/> Food
	<input type="checkbox"/> Heart murmur		<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Lactose intolerance (The school will need a letter from the doctor stating that the student is lactose intolerant.)
	<input type="checkbox"/> Hemophilia/Other		<input type="checkbox"/> Ear tubes	NEUROLOGICAL	PROCEDURES: (A SHSG Form H-4-9 should be completed.)
	<input type="checkbox"/> Bleeding disorders		<input type="checkbox"/> Insertion date:	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> My child will/may require special health care procedures during the school day. (See page 2.)
			<input type="checkbox"/> Arc tubes currently in place:	<input type="checkbox"/> Frequent headaches	RESTRICTIONS
			<input type="checkbox"/> Right? YES NO	<input type="checkbox"/> Migraines	<input type="checkbox"/> My child has a condition that warrants restriction of activities during school hours. (See page 2)
			<input type="checkbox"/> Left? YES NO	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> My child takes daily medication at home.
			<input type="checkbox"/> Hearing loss: Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/> Seizures	<input type="checkbox"/> My child will need medications during school hours. (* See page 2.)
	MUSCULOSKELETAL		<input type="checkbox"/> Other	<input type="checkbox"/> Sleep disorder	<input type="checkbox"/> My child may need emergency medications during school hours. (* See page 2.)
	<input type="checkbox"/> Muscular Dystrophy		ENDOCRINE	<input type="checkbox"/> Other	
	<input type="checkbox"/> Scoliosis		<input type="checkbox"/> Diabetes	DERMATOLOGY	
			<input type="checkbox"/> Other	<input type="checkbox"/> Eczema	
	NEUROLOGICAL		<input type="checkbox"/> Other	<input type="checkbox"/> Other	
	<input type="checkbox"/> Cerebral Palsy		DERMATOLOGY	GASTROINTESTINAL	
	<input type="checkbox"/> Frequent headaches		<input type="checkbox"/> Eczema	<input type="checkbox"/> Hernia	
	<input type="checkbox"/> Migraines		<input type="checkbox"/> Other	GENITOURINARY	
	<input type="checkbox"/> Spina Bifida		<input type="checkbox"/> Bladder control problems	DENTAL	
	<input type="checkbox"/> Seizures		<input type="checkbox"/> Urinary track infections	<input type="checkbox"/> Braces	
	<input type="checkbox"/> Sleep disorder		<input type="checkbox"/> Other	<input type="checkbox"/> Other	

* **MEDICATIONS DURING SCHOOL HOURS:** SHSG: H-3-2, 3-3 and/or 3-8 forms must be signed by the physician and a parent, and must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY**

Explain any of the above here or attach additional pages.

Identify any special health care procedures that your child may require during the school day:

Identify any condition that warrants a restriction of student activity, specify the nature and duration of the limitation and any other information that would help the school assist your child:

Identify any condition that warrants daily and/or emergency administration of medicine for your child and list those medications:

Parent/Sponsor's Signature:	Primary phone #:	Date:
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DEPARTMENT OF DEFENSE EDUCATION ACTIVITY IMMUNIZATION REQUIREMENTS

To enroll in DoDEA schools students MUST meet specific immunization requirements. For details: See DoDEA Immunization Requirements, November, 2011. This form is provided to parents to assist with immunization documentation. Medical proof of immunizations must be completed by medical authority and provided to the school officials at the time of initial registration. Medical authorities must sign and stamp their form of choice indicating that immunization records have been reviewed and that the minimum DoDEA requirements are met. At time of registration, copies of prior immunization administration records may be requested to supplement information provided by medical authorities.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. section. 2164 and 20 U.S.C. sections 921-932.
PRINCIPAL PURPOSE: To obtain immunization information needed to enroll students in Department of Defense Education Activity (DoDEA) schools and programs and to promote a safe school environment.
ROUTINES USE(S): DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b) (2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/osl>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.
DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary, but failure to provide all requested information may result in the delay or denial of student enrollment and services.

Name (Last, First, Middle Initial)

Date of Birth (mm/dd/yyyy)

IMMUNIZATION	DOSE AND DATE GIVEN				
	1 (mm/dd/yyyy)	2 (mm/dd/yyyy)	3 (mm/dd/yyyy)	4 (mm/dd/yyyy)	5 (mm/dd/yyyy)
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis A					
Hepatitis B					
Measles, Mumps, Rubella					
Measles					
Mumps					
Rubella					
Meningococcal					
Polio					
Tetanus, Diphtheria, Pertussis (Tdap)					
Varicella					
Varicella (History of disease.)					
Influenza (Annual)					
PPD	Date Placed:	Date read:	Result: NEG _____ mm POS _____ mm	MD clearance: YES <input type="checkbox"/> NO <input type="checkbox"/>	BCG

I certify that the minimum immunization requirements have been completed, and or initiated. Immunizations are current until _____ when _____ immunization(s) is/are due. (Date)

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION
FORM 700 – Consents and Authorizations**

SY ____ / ____
INSTRUCTIONS 1. Completed by Sponsor 2. Print (Ink) or type all entries.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932; DoD Directive 1342.20, "Department of Defense Education Activity (DoDEA)," October 19, 2007

PRINCIPAL PURPOSE: To obtain parental consent and authorization needed to allow students to participate in school programs and activities and to disclose certain student information.

ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3), the DoD Blanket Routine Uses described at http://privacy.defense.gov/blanket_uses.shtml and the DoDEA routine uses found at the same URL under Secretary of Defense/Joint Staff.

DISCLOSURE: Disclosure of information (consent or authorization) is voluntary. Failure to complete the form may delay or prevent student participation in activities requiring parental authorization.

1. Last Name	2. First Name	3. Student ID

SPONSOR OR GUARDIAN DESIGNATIONS

1. Field Trips: I permit the student(s) that I am registering with this form to participate in authorized DoDEA school field trips as initiated below: **(Mark the appropriate box)**

All scheduled authorized field trips Individual field trip by field trip

2. Directory Information: I permit basic directory information (Name, Student ID, School, Grade Level) to be shared with organizations acting under contract with or license from DoDEA to conduct certain studies or perform educational services, including the conduct of student testing and tracking post graduate student educational achievement on behalf of DoDEA.

Authorize release Decline release

3. Media Release: I grant permission for DoDEA and military public affairs to use my child's name, image, and/or student work products in various forms of print and electronic media (to include among other types of media - feature and news stories, brochures, booklets, web products, news releases, and video/audio productions) for the duration of his/her enrollment to celebrate the achievements and activities of our schools, students, staff and community members and to showcase our educational programs and service. **(Mark the appropriate box)**

Authorize release Decline release

4. Internet Agreement: I understand that the student(s) I am registering will receive instruction in the appropriate use of DoDEA information technology resources; that in order to use DoDEA resources they must read, understand, and agree to abide by the *Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students*. If they violate the Terms and Conditions, I understand they may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions. **(Mark box indicating agreement)**

Sponsor or Guardian Agreement

5. **myDATA Button Portal Account:** I would like an account to access the DoDEA myDATA Button Portal for my student(s) I have registered. I have read the DoDEA myDATA Button Portal Application Guidelines and understand that any violation of the guidelines may result in termination of my privileges to use the portal. **(Mark the appropriate box(es))**

I request access for the following: Sponsor Spouse

The school needs to verify the accuracy of the e-mail address(es) for you to receive your login and password information.

The e-mail address is correct for the **Sponsor** as indicated on the DoDEA Form 600: Yes No

The e-mail address is correct for the **Spouse** as indicated on the DoDEA Form 600: Yes No N/A

6. **11th & 12th grade students only:** I authorize the release of my students' information to military recruiters. **(Mark the appropriate box)**

Authorize release Decline release

I verify the information is correct or has been corrected.

DATE: (mm/dd/yyyy)

Signature of Sponsor _____

(FOR SCHOOL USE ONLY)

Account Creation Initiated: Sponsor

Spouse

Signature _____

DATE: (mm/dd/yyyy) _____

Terms and Conditions

I. Acceptable Use

- A. I agree to use DoDEA's computer services only in support of my education and research consistent with the educational objectives of the DoDEA. I will not download files or subscribe to bulletin boards that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.
- B. I will respect and adhere to all of the rules governing access to DoDEA computing resources and the rules of any other network or computing resource to which I have access through the DoDEA equipment.
- C. I understand transmission (sent or received) of any material in violation of any U.S. or state regulation is strictly prohibited and may violate criminal law. I will not transmit obscene, sexually suggestive or offensive, lascivious, harassing, or abusive messages, copyrighted material, or material protected by trademark or as a trade secret.
- D. I will not publish the name, photograph, home address or telephone number of myself, another student, faculty, or any other person.
- E. I understand using the DoDEA computer equipment for commercial, product advertisement or political lobbying is prohibited and may be illegal.

II. Privileges

- A. I understand that the use of the network is a privilege, not a right, and use inconsistent with these Terms and Conditions may result in a cancellation of those privileges. (Each student will receive instruction regarding the terms and protocols referenced in this document before network access is provided.)
- B. I will be disciplined if I send messages or download files inconsistent with these Terms and Conditions. At the discretion of the principal and teacher, I may lose the privilege of using the Internet permanently and face suspension or expulsion. Copies of the inappropriate materials will be reported to the building administration and kept on file.

III. Internet Etiquette

- A. I will be polite. I will not use sexual or abusive language in my messages to others.
- B. I will use courteous, respectful language. I will not swear, use vulgarities, sexual, harsh, or disrespectful language. Illegal activities are strictly forbidden.
- C. I understand any transmission, including electronic mail, is not private and that my communications and access will be monitored.
- D. I will evaluate information carefully. As with any research material, I must review it for accuracy and bias.
- E. I will not use the network in such a way as to disrupt the use of the network by other users. This can be avoided by not sending "chain letters," or "broadcast" messages to lists or individuals.

IV. No Warranties

- A. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.
- B. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services.
- C. I understand DoDEA has no obligation or authority to defend me against any legal actions brought against me by anyone arising from my misuse of DoDEA computer resources or violations of any U.S. or foreign laws.

V. Security

- A. I understand security on any computer system is a high priority, especially when the system involves many users. I will notify my teacher if I notice a security problem. I will not demonstrate the problem to other users.
- B. I will not give my user password to other individuals. Any activity associated with my account will be considered my activity. It is my responsibility to protect my account and password.
- C. I may be denied access to the network if I am identified as a security risk.

VI. Vandalism

- A. I understand vandalism will result in cancellation of privileges.
- B. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

myDATA BUTTON PORTAL APPLICATION GUIDELINES

To assist sponsors and spouses in monitoring their children's progress, enhance communication with parents, students and school personnel, and further promote educational excellence, the Department of Defense Education Activity (DoDEA) is pleased to provide access to student records through the DoDEA myDATA Button Portal. With the DoDEA myDATA Button Portal, sponsors and spouses will have access to student attendance, schedules and grades. Sponsors and spouses may login anytime from anywhere they have an Internet connection and may see current information about their children.

DoDEA's goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication between DoDEA schools and parents.

Listed below are the guidelines to follow for account access. If any user violates these provisions, access to the DoDEA MyData Button Portal may be denied.

1. **Your Responsibilities.** Access to the myDATA Button Portal is a privilege, not a right, and inappropriate use may result in denial of access to the DoDEA myDATA Button Portal. We may terminate your access or use of myDATA Button Portal immediately and take any other legal action if you, or anyone sponsored under your access rights to myDATA Button Portal, violates these provisions.

You may not submit or transmit through myDATA Button Portal any material, or otherwise engage in any conduct that:

- a. violates or infringes the rights of others including, without limitation: patent, trademark, trade secret, copyright, publicity or other proprietary rights;
- b. is unlawful, threatening, abusive, harassing, defamatory, libelous, deceptive, fraudulent, invasive of another's privacy, tortious, or contains explicit or graphic descriptions or accounts of: sexual acts, bodily waste functions, criminal activity or the intent to commit any of the above;
- c. victimizes, harasses, degrades, or intimidates an individual or group of individuals on the basis of religion, gender, sexual orientation, race, ethnicity, age, or disability;
- d. impersonates any person, business or entity, including myDATA Button Portal and its employees and agents;
- e. contains viruses or any other computer code, files or programs that interrupt, destroy or limit the functionality of any computer software or hardware or telecommunications equipment, or otherwise permit the unauthorized use of a computer or computer network;
- f. encourages conduct that would constitute a criminal offense, or that gives rise to civil liability;
- g. promotes or advertises a commercial entity or uses email to distribute information regarding the availability, services or features of any commercial enterprise;
- h. promotes or advertises any non-DoD religious entity or uses email to distribute information regarding the availability, services or features of any non-DoD religious entity;
- i. violates these Terms of Use and Service, guidelines or any policy posted on myDATA Button Portal;
- j. violates DoD regulations; or,
- k. interferes with the use of myDATA Button Portal by other authorized users.

2. **Security.** Sponsors or spouses shall not share their user account or password with anyone. Security on any computer system is a high priority because it is imperative that student's data be safe and secure. Never use another individual's account. For you and your children's protection, do not save your username or password on any computer. Passwords will expire periodically.

Security features of the DoDEA myDATA Button Portal:

- Once the completed application has been received and verified by a school administrator, the account will be activated and an e-mail will be sent to the address on the DoDEA Form 600 with account information.
- All user activity in the myDATA Button Portal is recorded and logged. This includes successful and failed logon attempts, data changes,

- You will be automatically logged off if you are **INACTIVE** for more than **10 minutes**.
- Once you have set up your password recovery preferences, if you forget your password, click on the 'I Forgot my Password' link on the login screen. This will generate a new password for you and send it to the email account on the DoDEA Form 600.

Please note: DoDEA cannot provide any technical support other than help with login issues.

DoDEA expects all users of the DoDEA myDATA Button Portal to:

1. Respect the rights and property of others and will not improperly access, misappropriate or misuse the files, data, or information. Any user identified as a security risk or having a history of misuse of other computer systems may be denied access to the DoDEA myDATA Button Portal.
2. Keep all accounts and passwords confidential and not accessible to unauthorized third parties, including sharing them with your children.
3. Prevent your computer from remembering passwords when using the DoDEA myDATA Button Portal.
4. Log-off your account and do not leave your account open or unattended.
5. Take precautions to prevent viruses on your own equipment by ensuring that you have installed and enabled anti-virus software with the latest signature file.
6. Inform DoDEA of any changes of your custodial rights of any children you have that attends a DoDEA school.

VERIFICATION OF MILITARY EMPLOYMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164, 20 U.S.C. 921-932, and DoDEA Regulation 1342.13.

PRINCIPAL PURPOSE: The information may be used within the Department of Defense (DoD) to determine dependent eligibility to enroll in the schools operated by the Department of Defense Education Activity.

ROUTINES USE(S): The Department of Defense Education Activity (DoDEA) may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a(b)(1). In addition, in accordance with 5 U.S.C. 552a(b)(3), information contained therein may be disclosed outside the DoD as a routine use pursuant to "Blanket Routine Uses," as published at <http://www.defenselink.mil/privacy/notice/osd>, for example, for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

SECTION A: Sponsor Information

Sponsor's Name (*Last, First, Middle Initial*) _____ Grade _____

Sponsor's Unit and Phone Official Number _____

Sponsor's Official E-mail Address _____

SECTION B: Dependent Information and Date Eligible for Return From Overseas (DEROS) Information (To be completed by the Command or Military Personnel Office Only)

Command Sponsored dependent children information not listed on the sponsor's current PCS orders:

Student Name (*Last, First, MI*) Birth Date (*MMDDYYYY*) Student Name (*Last, First, MI*) Birth Date (*MMDDYYYY*)

Student Name (*Last, First, MI*) Birth Date (*MMDDYYYY*) Student Name (*Last, First, MI*) Birth Date (*MMDDYYYY*)

Student Name (*Last, First, MI*) Birth Date (*MMDDYYYY*) Student Name (*Last, First, MI*) Birth Date (*MMDDYYYY*)

Date command sponsorship approved* _____

Sponsor's current DEROS** _____

Military Department (see reverse) _____

I certify that the dependent(s) listed is (are) authorized transportation to and /or from the sponsor's location of assignment at U.S. Government expense and the sponsor is authorized a housing allowance at the "with dependent" rate for the listed student(s) for overseas locations or certify that the dependents are authorized to live in permanent base quarters for CONUS location.

Grade Printed Name (*Last, First, MI*) Telephone Number E-mail Address

Command or Military Personnel Office Signature Date (*MMDDYYYY*)

* Personnel on long term TDY status or performing temporary or periodic reserve duty do not have a right to accompanied travel and their dependents are not "command sponsored." They may have a departure date, but they do not have a DEROS. Personnel in long term TDY status or reservists are not entitled to dependent enrollment and this block must be checked "not applicable."

** Personnel on long term TDY status may have a departure date, but they do not have a DEROS. This block should be checked "not applicable" for personnel in a long term TDY status, or reservists who are performing temporary or periodic reserve duty.

VERIFICATION OF MILITARY EMPLOYMENT

Military Departments

Army Active Duty

Army Reserves

Army National Guard

Navy Active Duty

Navy Reserves

Marine Corps Active Duty

Marine Corps Reserves

Air Force Active Duty

Air Force Reserves

Air National Guard

Coast Guard Active Duty

Coast Guard Reserves

REQUEST FOR STUDENT RECORDS	DATE:	
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PRIVACY ACT NOTICE

AUTHORITY: Title V, USC, Section 22a
 ROUTINE USES: Used by School and Records managers in all elements of DoDDS-A to request records for students enrolling. Personal data cited is derived from enrollment form and is required for records locator purposes. Release signature required under the 1974 Privacy Act to authorize transmittal of student records. A record copy of this request maintained by requestors for a five-year period for any records released to non-DoD activities.
 MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: An authorizing signature is mandatory under the Privacy Act to release records. Failure to sign will result in records not being released.

TO: <i>Previous School</i>		From: <i>New School</i>	REGISTRAR DAVID GLASGOW FARRAGUT E.S. PSC 819 BOX 19 FPO AE 09645-0019
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NAME OF STUDENT(S)			DATE OF BIRTH	ATTENDED YOUR SCHOOL	
Last Name	First Name	MI	Mo/Day/Yr	Withdrawal Date	Last Grade
*please send all the school records to the school address					
or fax them to 34-956-823940					

The student(s) identified above has /have enrolled in our school. This/these student(s)'s **report card(s), cumulative folder(s), health record(s),** and any **special education record(s)** are requested.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974 (and for DoDDS-A schools, the DoDDS-A Policy statement for the Collections, Maintenance, and dissemination of Pupil Records, dated 16 September 1974), listed below is the written authorization for release of records and files for the above named student(s) to the school shown above.

I, (Sponsor) _____, do hereby request and authorize the release of records and files for the above named student(s) to the school shown above.

Signature of Sponsor (Authorizing Agent)		Date Signed
Type/Print Name of Requestor (School Personnel)	Signature	

DSA 105 (Nov 89) Previous editions are obsolete and will not be used.

