



DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
Netzaberg Middle School  
Unit 28130  
APO AE 09114



## REGISTRATION CHECKLIST

SCHOOL YEAR 2008/2009

**In order to complete your student's registration please provide the following documentation:**

- Sponsor's Orders listing child's name as a dependent and report date\*
- Sponsor's ID card (For sponsors that are DoD Civilians and Contractors)\*
- Any required supporting documents, as listed on DSE Form 910-R (Marriage Certificate, etc.)\*
- Student's Birth Certificate and Student's Social Security Number \*
- Computerized Vaccine Admin Record (2766C)\*
- Previous school records or Previous School Contact Information

**The following documents are provided. Forms must be completed and returned to the registrar:**

- Registration Questionnaire Sponsor Category, DSE Form 910-R
- Questionnaire for Race/Ethnicity, and Home Language, DoDEA Form 600A
- Netzaberg MS Language Form
- DoDEA Computer and Internet Access Agreement for Students, DoDEA Form 6600.1-F2
- DoDDS-E Publicity Permission Form
- Netzaberg MS Alternate Destination Information Form
- Netzaberg MS Zero Tolerance for Weapons Form
- Netzaberg MS Authorized Signature(s) Form
- Netzaberg MS Support Services Form
- Locker Usage Agreement

**The following documents are provided. Forms must be completed and returned to the registrar for the school nurse:**

- Medical Power of Attorney
- Student Health History

**\*Registration will not be accepted without these documents.**

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
STUDENT REGISTRATION**

**INSTRUCTIONS** 1. Completed by Sponsor  
2. Print (Ink) or type all entries.  
3. Leave shaded areas blank.  
4. See supplemental sheet for assistance.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC 2164, 20 USC 921

**PRINCIPAL PURPOSE(S):** Required for enrollment of dependents into DoDEA Schools. Provides record of student and sponsor demographic data used in the administration of school programs. Provides emergency contact, pertinent medical and other vital information.

**ROUTINE USE(S):** Data is collected and entered into the automated School Information Management System for use by DoDEA personnel in providing educational and management programs. Release of student information to non-DoDEA personnel is restricted to U.S. Government personnel and other authorized individuals as approved by DoDEA. Sponsor information may be released to other schools, colleges, and prospective employers as part of the individual student record.

**DISCLOSURE:** Voluntary. Disclosure of the Social Security Number will expedite the registration process.

**SECTION I – STUDENT INFORMATION**

1a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
i. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

2a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
i. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

3a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
i. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

**SECTION II – SPONSOR INFORMATION**

4. Sponsor's Name (Last, First, Middle Initial)		5. Sponsor SSN/Unique ID	6. Pay/Civ Grade	7. Title / Rank
8. Organization		9. Location of Unit	10. Duty Phone	11. Rotation / ETS Date
12. Spouse's Name (Last, First, Middle Initial)		13. Spouse's Title	14. Spouse's Employer	15. Spouse's Duty Ph.
16. Mailing Address (e.g. APO/FPO) (If different from Physical)			17. Physical Quarters Address (Street, City, State, Zip Code)	
18. Sponsor Cell Phone	19. Spouse Cell Phone		20. Email Address	
21. Pager Number	22. Reserved	23. Local Use		

**SECTION III – LOCAL EMERGENCY CONTACT INFORMATION**

24a. Emergency Contact Name (Not Sponsor or Spouse)		24b. Contact Duty Phone	24c. Contact Home Phone
24d. Emergency Contact Address (During Day)		24e. Doctor's Name (If not Military Clinic)	24f. Doctor's Phone Number
25a. Emergency Contact 2 Name (Optional)		25b. Contact 2 Duty Phone (Optional)	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)		25e. Local Use	

**SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION**

26a. Contact Name	26b. Contact Home Phone
26c. Contact Address	26d. Relationship to Sponsor

**SECTION V – CONSENT and SCHOOL USE INFORMATION**

<p>I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.</p> <p>I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below.</p> <p>I verify the information is correct or has been corrected.</p>	34. First Day Student Starts School (MMMDDYYYY)	35. DoDAAC
	36. School Name	
	37. Orders on File / Verified	
	38. Birth Date Verified	
27. Exceptions (If none, enter NONE)	39. Reserved	
	40. Registrar's Initials	
28. Signature of Sponsor	29. Date (MMMDDYYYY)	41. Date (MMMDDYYYY)
30. Reserved	31. Reserved	42. Reserved
32. Local Use	33. Local Use	43. Local Use

DoDDS - EUROPE  
 REGISTRATION QUESTIONNAIRE - For US Military Only  
 SPONSOR CATEGORY FOR SCHOOL YEAR 2008/2009

This questionnaire is to be used during the registration process to determine the appropriate category of the pupil's sponsor, and to enter the data into the Student Information System (SIS). This form in itself does not grant eligibility. Please check the appropriate agency below and attach the documentation required to support enrollment to this form found on the reverse side. Failure to provide current eligibility documents will delay enrollment of the listed student(s). All sponsors enrolled in Categories 2, 3, & 4 are required to sign for the DoDEA regulation 1030.1 (Space available eligibility requirements for education of minor dependents in the overseas area, APRIL 04, 2005) and Category 1G, 1H, 2 & 4 are also required to receive the Tuition payment procedure letter.

NAME OF STUDENT(s): \_\_\_\_\_ Please print Last, First, Mi Please print Last, First, Mi  
 NAME OF STUDENT(s): \_\_\_\_\_ Please print Last, First, Mi Please print Last, First, Mi  
 NAME OF STUDENT(s): \_\_\_\_\_ Please print Last, First, Mi Please print Last, First, Mi

Sponsor Information			
Sponsor name (Please print Last, First, Mi)			
Sponsor work telephone number:			
Sponsor email address:			
<b>Sponsor's agency (please check which one is currently applicable below)</b>			
<input type="checkbox"/>	Army Active Duty	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Army Reserves	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Army Guard	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Navy Active Duty	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Navy Reserves	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Marine Active Duty	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Marine Reserve	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Air Force Active Duty	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Air Force Reserve	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Air Force Guard	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Coast Guard Active Duty	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<input type="checkbox"/>	Coast Guard Reserve	Stationed CONUS	<input type="checkbox"/> or Overseas <input type="checkbox"/>
<i>Please see reverse side for documentation needed to support enrollment</i>			
I verify that the category code and documentation provided is correct			
_____		_____	
signature of sponsor or spouse		Date:	

School verification	
Registrar confirmation of documentation presented is valid to support enrollment	_____ Registrar initials:
Principal signature and date confirming documentation is valid to support enrollment	
_____	

## U.S. Military

*Please circle the appropriated category and provide documents to support this below*

<b>Command Sponsored</b> <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 Reserve	A or (A+B or C or D)
1DA	Air Force Active Duty	A or (A+B or C or D)
1DB	Air Force Reserve	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 Reserve	A or (A+B or C or D)

<b>Non-Command Sponsored</b> <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3AA	Army Active Duty	A+ G or H
3AB	Army Reserves	F+ G or H
3BA	Navy Active Duty	A+ G or H
3BB	Navy Reserves	F+ G or H
3CA	Marine Active Duty	A+ G or H
3CB	Marine Reserve	F+ G or H
3DA	Air Force Active Duty	A+ G or H
3DB	Air Force Reserve	F+ G or H
3EA	Coast Guard Active Duty	A+ G or H
3EB	Coast Guard Reserve	F+ G or H

<b>Secretary of Defense waivers for Military Sponsors.</b> <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3GA	Army	E
3GB	Navy	E
3GC	Marine Corps	E
3GD	Air Force	E
3GE	Coast Guard	E

<b>Security Assistance/Foreign Military Sales Program</b> <i>Space-Required, Tuition-Paying</i>		
Code	Description	Documentation Required
1GA	Security Assistance Program	A or (A+B or C or D)
1GB	Foreign Military Sales	A or (A+B or C or D)
<b>Reserve/NG Activated for 179 Days or less</b> <i>Space-Available, Tuition-Paying</i>		
2CA	Reservists activated for 179 days or less	C or (F+G or H)
<b>CONUS base Active Duty Military TDY overseas</b> <i>Space-Available, Tuition-Paying</i>		
2CA	Active Duty TDY overseas from CONUS	C or (F+G or H)

### DOCUMENTATION NEEDED

- A Sponsor's PCS orders listing family members.
- B Designated Location Movement (DLM) or Dependent Remain overseas (DRO) orders listing family members.
- C DSE Form 803, Confirmation of Status (Military) 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:** Need death certificate and/or documentation showing sponsor died while entitled to Active Duty pay or compensation. Registration must be made within a 1-year period after death of sponsor. Applicable to students not enrolled in DoDDS or unborn at the time of sponsors death who reaches enrollment age. **Other Secretary of Defense Waivers** granted to groups of students.
- F Reserve orders reflecting activation. CONUS based active duty military TDY orders.
- G **Court order** granting adoption, guardianship, custody or wardship. (2) DSE801 (ILP Affidavit for Court Orders), (3) DoDDS-E approval. **Power of Attorney's** issued by one of the students biological parents, (2) DSE801 (ILP Affidavit for PoA), (3) DoDDS-E approval. Please note that PoA enrollments are only for 90 calendar days.  
**CONUS base deployments in support of Operation Iraqi 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 O6 in the chain of command requesting exception to policy for enrollment of deployed 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.
- H Student Birth Certificate reflecting sponsor as one of the biological parents. If the child is biologically connected to the spouse only a copy of the marriage and student's birth certificates are required. If neither parent is biologically connected enrollment is suspended pending receipt of ILP documents listed in "G" above and approval by the Eligibility POC located in DoDDS-E.

**DoDDS - EUROPE**  
**REGISTRATION QUESTIONNAIRE for DoD Civilians only**  
**SPONSOR CATEGORY FOR SCHOOL YEAR 2008/2009**

This questionnaire is to be used during the registration process to determine the appropriate category of the pupil's sponsor, and to enter the data into the Student Information System (SIS). This form in itself does not grant eligibility. Please check the appropriate agency below and attach the documentation required to support enrollment to this form found on the reverse side. Failure to provide current eligibility documents will delay enrollment of the listed student(s). All sponsors enrolled in Categories 2, 3, & 4 are required to sign for the DoDEA regulation 1030.1 (Space available eligibility requirements for education of minor dependents in the overseas area, APRIL 04, 2005) and Category 1G, 1H, 2 & 4 are also required to receive the Tuition payment procedure letter.

<b>Students information</b>	
NAME OF STUDENT(S): _____ Please print Last, First, Mi	NAME OF STUDENT(S): _____ Please print Last, First, Mi
NAME OF STUDENT(S): _____ Please print Last, First, Mi	NAME OF STUDENT(S): _____ Please print Last, First, Mi
NAME OF STUDENT(S): _____ Please print Last, First, Mi	NAME OF STUDENT(S): _____ Please print Last, First, Mi

<b>Sponsor Information</b>	
Sponsor name (Please print Last, First, Mi) _____	
Sponsor work telephone number: _____	
Sponsor email address: _____	
<b>Sponsor's agency (please check which one is currently applicable below)</b>	
<input type="checkbox"/> Dept of Army Civilian	<input type="checkbox"/> Defense Information Systems Agency
<input type="checkbox"/> Dept of Navy Civilian	<input type="checkbox"/> DoD Intelligence Agencies
<input type="checkbox"/> US Marine Civilian	<input type="checkbox"/> DoDEA/DoDDS
<input type="checkbox"/> US Air Force Civilian	<input type="checkbox"/> Defense Security Cooperation Agency
<input type="checkbox"/> US Coast Guard Civilian	<input type="checkbox"/> Defense Threat Reduction Agency
<input type="checkbox"/> Defense Commissary Agency	<input type="checkbox"/> OSD Missile Defense Agency
<input type="checkbox"/> AAFES/NEX	<input type="checkbox"/> Defense POW/MIA Activity
<input type="checkbox"/> Stars and Stripes	<input type="checkbox"/> Security Assistance Program
<input type="checkbox"/> Defense Audit Agency	<input type="checkbox"/> Foreign Military Sales
<input type="checkbox"/> Defense Contracting Agency	<input type="checkbox"/> Defense Logistics Agency
<input type="checkbox"/> Defense Finance and Accounting	<input type="checkbox"/> Other
<i>Please see reverse side for documentation needed to support enrollment</i>	
I verify that the category code and documentation provided is correct	
signature of sponsor or spouse _____	Date: _____

<b>School verification</b>	
Registrar confirmation of documentation presented is valid to support enrollment _____	Registrar initials: _____
Principal signature and date confirming documentation is valid to support enrollment _____	



# DOD Contractors and Others

Please circle the appropriated category and provide documents to support this below

DOD Contractors <i>Space-Created, Tuition Paying</i>		Documentation Required
Code	Description	
IHA	Department of the Army	A + E or F
IHB	Department of the Navy	A + E or F
IHC	US Marine Corps	A + E or F
IHD	US Air Force	A + E or F
IHE	US Coast Guard	A + E or F
IHF	Defense Commissary Agency	A + E or F
IHG	AAFES/NEX	A + E or F
IHH	Stars and Stripes	A + E or F
IHI	Def Audit Agency	A + E or F
IHI	Def Contracting Agency	A + E or F
IHK	Def Fin and Accounting Service	A + E or F
IHL	Def Logistics Agency	A + E or F
IHM	Def Info Systems Agency	A + E or F
IHN	National Defense Intelligence	A + E or F
IHO	DoDEA	A + E or F
IHP	Other	A + E or F

Others, Federally Connected <i>Space-Available, Tuition-Paying</i>		Documentation Required
Code	Description	
2AA	Other US Govt (non-DoD) i.e.: Stated Dep., FAA, FBI, GAO US/Nationalized US w/NATO	B or (B+ C or E or F)
2CA	US Interest (i.e. Red Cross, USO, Boy and Girl Scouts, CONUS base TDY*, Reserves* activated 179 days or less)	C+ E or F *D+E or F
2DA	Foreign Service (Foreign ml/civ serving with NATO, UN, etc)	F + G
<b>Allied Nations (Mons, Belgium only)</b> <i>Space-Required, Tuition-free</i>		
Code	Description	Documentation Required
IMA	Minor dependents of foreign military members assigned to the Supreme Headquarters Allied Powers, Europe (SHAPE)	F + G + H + K

Others, Non-Federally Connected <i>Space-Available, Tuition-Paying</i>		Documentation Required
Code	Description	
4A	US Citizen	I + J
4B	Foreign National	I + J
4C	Other US Citizen (incl Ret mil)	I + J
4D	Other Foreign National	I + J
<b>Partnership for Peace (PFP) and Newly Independent States (NIS)</b> <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3PA	Foreign ml/civ Partnership for Peace (PFP) Liaisons at NATO sites - Applicable to SHAPE, Naples, AFNORTH and Garmisch	F + G + H
3PB	Foreign ml/civ from Newly Independent States (NIS), Applicable Ankara, Turkey only	F + G + H

## DOCUMENTATION NEEDED

- A** Logistical support section of the employees contract providing DoD schooling, or DOCPER Technical Expert Status Accreditation (TESA) agreement memorandum, or DD1172-2 (Common Access Id Card Application issued by DOCPER or a copy of either the employees Contractor ID card or spouses ID card issued by DOCPER.  
Note: If space is not available the schools will provide further options as other DoDDS or English speaking off base schools.
- B** Sponsor's PCS orders listing family members. For US citizens assigned to NATO, documentation that identifies the sponsor as a US citizen serving with other Allied Forces
- C** DSE Form 802, US Civilian Verification form.
- D** CONUS based active duty military TDY orders. Reserve orders reflecting activation.
- E** Court order granting adoption, guardianship, custody or wardship. (2) DSE801 (ILP Affidavit for Court Orders), (3) DoDDS-E approval.  
Power of Attorneys issued by one of the student's biological parents, (2) DSE801 (ILP Affidavit for PoA), (3) DoDDS-E approval. Please note PoA enrollments are only for 90 calendar days.
- F.** Student Birth Certificate reflecting sponsor as one of the biological parents. If the child is biologically connected to the spouse only a copy of the marriage and student's birth certificates are required. If neither parent is biologically connected enrollment is suspended pending receipt of ILP documents listed in "E" above and approval is biologically connected enrollment is suspended pending receipt of ILP documents listed in "E" above and by the Eligibility POC located in DoDDS-E
- G** Documentation which identifies the sponsor as a foreign DoD member serving with the Allied Forces.
- H** Approval of the position as PFP or NIS from the National Military Representative (NMR), or Allied Joint Force Command HQ Brunssum. Memo or US Embassy approval Ankara for NIS billets.
- I** Passport
- J** Installation pass granting access from the local Installation Commander's Office
- K** USNMR/Base Commander validation.

# Department of Defense Education Activity Questionnaire for Race/Ethnicity and Home Language

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to \$ 5000.

Race/Ethnicity questions comply with OMB Standards for Maintaining, Collecting, and Presenting Data for Race and Ethnicity, dated 30 Oct 97

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## PLEASE ANSWER ALL SECTIONS

### ETHNICITY (Mark one)

\_\_\_\_\_ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **NOT Hispanic or Latino.**

### RACE (Mark one or more)

\_\_\_\_\_ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_\_ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **Black or African American.** A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### HOME LANGUAGE (Yes or No)

1. Does an adult in the household speak a language other than English at home?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Does the child you are registering speak a language other than English at home?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to either question number 1 or number 2 is "yes," please complete the Home language Questionnaire.

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**

DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS

PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 2164 and 20 U.S.C. 921-932, authorizing DoD Directive 1342.20, "DoD Education Activity" (1992), authorizing DoD Education Activity Administrative Instruction 6600.1 (2004).

**PRINCIPAL PURPOSE(S):** The information on this form is used to authorize an individual student to use government-owned computer resources in accordance with, and subject to enforcement provisions of, DoD and DoDEA policies governing computer and Internet usage.

**ROUTINE USE(S):** Disclosure of germane information contained in this form within the Department of Defense is authorized upon a demonstrated "need to know" to perform an official duty. Routine disclosure of relevant and necessary information is authorized to agencies outside of the DoD by DoD Privacy Act Systems Notices, which may be found at <http://www.defenselink.mil/privacy/notices/osd/>. Records are maintained at the school level in student records for the duration of the student's enrollment.

**DISCLOSURE:** Voluntary; however, no individual is permitted to use DoDEA-controlled computer resources until they have signed this statement indicating agreement to use such equipment only in accordance with the DoDEA Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students.

1. STUDENT INFORMATION (please print or type)

a. NAME (Last, first, middle initial)	b. PARENT/GUARDIAN
c. SCHOOL	d. TEACHER/GRADE

2. STUDENT AGREEMENT

I, (print name) \_\_\_\_\_, have received instruction in the appropriate use of DoDEA information technology resources; I have read and understood the Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students (attachment 1) and I agree to abide by them. If I violate the Terms and Conditions, I understand that I may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions.

a. STUDENT SIGNATURE	b. DATE (YYYYMMDD)
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3. PARENT OR GUARDIAN (If student is under the age of 18, a parent or guardian must also read and sign this agreement.)

I, (print name) \_\_\_\_\_, have read the Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students (attachment 1). I understand that my child must abide by these Terms and Conditions. I understand that if my child violates these standards, he/she may lose all access privileges on the DoDEA network and may be subject to school disciplinary and/or appropriate legal actions. I understand that computer and network access is being provided for educational purposes.

a. PARENT OR GUARDIAN SIGNATURE	b. DATE (YYYYMMDD)
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## E2.A1. ENCLOSURE 2 (ATTACHMENT1)

### APPROPRIATE USE OF DODEA INFORMATION TECHNOLOGY RESOURCES TERMS AND CONDITIONS FOR DODEA STUDENTS

#### E2.A1.1. USE OF INFORMATION TECHNOLOGY RESOURCES

E2.A1.1.1. Students will use DoDEA's IT resources, including computers, electronic mail, and Internet access, only in support of education and for research consistent with the educational objectives of DoDEA.

E2.A1.1.2. Students will respect and adhere to all of the rules governing access to and use of DoDEA's IT resources.

E2.A1.1.3. Students will be polite in all electronic communication. Students will use courteous and respectful language in their messages to others. Students will not swear, use vulgarities, or use harsh, abusive, sexual, or disrespectful language.

E2.A1.1.4. Students will not use DoDEA's IT resources:

E2.A1.1.4.1. To deliberately disrupt network use by others. Therefore, students will not send "chain letters" or "broadcast" messages to individuals or to lists of individuals.

E2.A1.1.4.2. To gain or attempt to gain unauthorized access to other computer systems.

E2.A1.1.4.3. To attempt to harm or destroy data of another user, the Internet, or any other network. This includes creating or knowingly transmitting a computer virus or worm or attempting unauthorized access to files, computers, or networks (i.e., "hacking").

E2.A1.1.4.4. To attempt to disable any IT security or auditing system.

E2.A1.1.4.5. To pursue private commercial business activities, including those conducted on Internet sites such as eBay.

E2.A1.1.4.6. To create, access, download, view, store, copy, send, or knowingly receive material that is illegal or offensive to others, such as hate speech or any material that ridicules others based on race, creed, religion, color, sex, disability, national origin, or sexual orientation.

E2.A1.1.4.7. To create, access, download, view, store, copy, send, or knowingly receive material that is obscene, pornographic, or sexually suggestive.

E2.A1.1.4.8. To participate in illegal or prohibited activities, such as those related to gambling, illegal weapons, or terrorist activities.

E2.A1.2.1. Security on any computer system is a high priority. Students will notify a teacher if they notice a security problem.

E2.A1.2.2. Students will only use the computer accounts issued to them and will log off the system promptly when finished. Actions performed using a student's account will be considered to have been done by that student. It is the student's responsibility to protect their account and password. Students will not give their user passwords to other individuals.

#### E2.A1.3. PRIVILEGE OF USING IT RESOURCES

E2.A1.3.1. The use of the network is a privilege, not a right, and use which is inconsistent with these Terms and Conditions may result in the cancellation of student privileges.

E2.A1.3.2. Electronic transmissions, including electronic mail, are not private and individual communications and system access will be monitored.

E2.A1.3.3. Students who misuse DoDEA IT resources are subject to disciplinary measures such as those prescribed in DoDEA Regulation 2051.1, "Department of Defense Education Activity Disciplinary Rules and Procedures," August 16, 1996. At the discretion of the principal, the student may lose the privilege of using DoDEA IT resources permanently and may be suspended or expelled from school.

#### E2.A1.4. OTHER

If students have any questions about appropriate computer use, they will ask their teacher.



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

STUDENT HEALTH HISTORY

INSTRUCTIONS: SPONSOR/PARENT/GUARDIAN READ CAREFULLY AND CHECK (✓) ALL CONDITIONS THAT APPLY TO YOUR CHILD

Student # _____ Grade _____	<b>STUDENT'S NAME (Print) LAST FIRST MI</b>	CHECK <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth: _____ / _____ / _____ mo day yr
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HEALTH HISTORY

VISUAL DEFECT	<input checked="" type="checkbox"/>	COMMENTS	CARDIOVASCULAR	<input checked="" type="checkbox"/>	COMMENTS
WEARS GLASSES	<input type="checkbox"/>	For Reading ONLY	SICKLE CELL DISORDER	<input type="checkbox"/>	
CONTACTS	<input type="checkbox"/>		ANEMIA	<input type="checkbox"/>	
COLOR DEFICIENCY	<input type="checkbox"/>		CONGENITAL HEART	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		RHEUMATOID HEART		
<b>HEARING DEFECT</b>	<input checked="" type="checkbox"/>		HEART MURMUR	<input type="checkbox"/>	
EAR INFECTIONS Frequency:	<input type="checkbox"/>	Last Date:	RESTRICTIONS YES - NO -	<input type="checkbox"/>	Explain
TUBE IN EAR(S) Left - Right -	<input type="checkbox"/>	Date of insertion:	OTHER	<input type="checkbox"/>	
<b>HEARING LOSS</b>	<input checked="" type="checkbox"/>		<b>RESPIRATORY</b>	<input checked="" type="checkbox"/>	
MILD Left - Right -	<input type="checkbox"/>	Date Diagnosis:	ASTHMA Date of Diagnosis:	<input type="checkbox"/>	Inhaler needed: @ school YES - NO - @ home YES - NO -
MODERATE Left - Right -	<input type="checkbox"/>	Date Diagnosis:	BRONCHITIS	<input type="checkbox"/>	
SEVERE Left - Right -	<input type="checkbox"/>	Date Diagnosis:	CYSTIC FIBROSIS	<input type="checkbox"/>	
HEARING AID(S) Left - Right -	<input type="checkbox"/>	Date:	TUBERCULOSIS Date of Diagnosis:	<input type="checkbox"/>	Type of Treatment: Date of Treatment:
CONGENITAL EAR DEFECT Left - Right -	<input type="checkbox"/>		NOSEBLEEDS	<input type="checkbox"/>	Frequency:
<b>ALLERGIES</b>	<input checked="" type="checkbox"/>	<b>ANA Kit Required</b>	SINUSITIS	<input type="checkbox"/>	Frequency:
BEE STING	<input type="checkbox"/>	YES - NO -	<b>DERMATOLOGY</b>	<input checked="" type="checkbox"/>	
FOOD (SPECIFY)	<input type="checkbox"/>	YES - NO -	PROBLEMS WITH BODY PIERCING/TATOOS	<input type="checkbox"/>	
DRUG (SPECIFY)	<input type="checkbox"/>	YES - NO -	FEVER BLISTERS COLD SORES	<input type="checkbox"/>	
ENVIRONMENTAL	<input type="checkbox"/>		CONTACT DERMITITIS	<input type="checkbox"/>	
SEASONAL	<input type="checkbox"/>		ACNE	<input type="checkbox"/>	
LACTOSE INTOLERANCE	<input type="checkbox"/>		ECZEMA	<input type="checkbox"/>	
<b>ENDOCRINE</b>	<input checked="" type="checkbox"/>		DANDRUFF	<input type="checkbox"/>	
DIABETES Date Diagnosed:	<input type="checkbox"/>	Insulin needed: @ school YES - NO - @ home YES - NO -	TINEA (RINGWORM) Body - Head - Feet -	<input type="checkbox"/>	
HYPERGLYCEMIC	<input type="checkbox"/>		<b>MUSCULO/SKELETAL</b>	<input checked="" type="checkbox"/>	
HYPOGLYCEMIC	<input type="checkbox"/>		ARTHRITIS	<input type="checkbox"/>	
THYROID DISORDER	<input type="checkbox"/>		MUSCULAR DYSTROPHY	<input type="checkbox"/>	
<b>PARASITES (HISTORY OF)</b>	<input checked="" type="checkbox"/>		HISTORY OF FRACTURE	<input type="checkbox"/>	Date:
MALERIA	<input type="checkbox"/>		SCOLIOSIS	<input type="checkbox"/>	Date Diagnosed:
PIN WORMS	<input type="checkbox"/>		DEFORMITY Explain:	<input type="checkbox"/>	
SCABIES	<input type="checkbox"/>		HERNIA	<input type="checkbox"/>	
HEAD LICE	<input type="checkbox"/>		OSGOOD-SCHLATTER	<input type="checkbox"/>	

CONTINUE ON REVERSE SIDE

## STUDENT HEALTH HISTORY – CONTINUED

NEUROLOGY		COMMENTS	GASTROINTESTINAL/ GENITOURINARY		COMMENTS
CEREBRAL PALSY	<input type="checkbox"/>		BLADDER CONTROL PROBLEMS Explain:	<input type="checkbox"/>	
SEIZURE DISORDER	<input type="checkbox"/>	Date of last seizure: Medication needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	URINARY TRACT INFECTION Explain Frequency:		Date of last infection:
MIGRAINE Specify Frequency	<input type="checkbox"/>	Date of last migraine: Medication needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	BOWEL CONTROL PROBLEMS Explain:	<input type="checkbox"/>	
SPINA BIFIDA	<input type="checkbox"/>		<b>DENTAL</b>	<input checked="" type="checkbox"/>	
SLEEP DISORDER	<input type="checkbox"/>		BRACES	<input type="checkbox"/>	
HEADACHES Specify Frequency	<input type="checkbox"/>		CAVITIES: Date of last Dental Exam:		
<b>PSYCHIATRIC</b>	<input checked="" type="checkbox"/>		CANKER SORES		
ATTENTION DEFICT (HYPERACTIVITY) DISORDER ADD/ADHD	<input type="checkbox"/>	Date of Diagnosis: Medication needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>NUTRITION METABOLIC</b>	<input checked="" type="checkbox"/>	
DEPRESSION Date Diagnosed:	<input type="checkbox"/>	Medication needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	NUTRITIONAL PROBLEMS Explain:	<input type="checkbox"/>	
AUTISM	<input type="checkbox"/>		OVERWEIGHT/OBESE	<input type="checkbox"/>	
SUICIDAL History of	<input type="checkbox"/>	Date:	POOR APPEITITE	<input type="checkbox"/>	
SUBSTANCE ABUSE, History of	<input type="checkbox"/>	Circle: Drugs, Alcohol, Tobacco, and/or Inhalants Date:	<b>MISCELLANEOUS</b>	<input checked="" type="checkbox"/>	
ANOREXIA	<input type="checkbox"/>		THUMBSUCKING	<input type="checkbox"/>	
BULIMIA	<input type="checkbox"/>		MOTION SICKNESS	<input type="checkbox"/>	

### MEDICATION AND HOSPITALIZATION

<b>DOES YOUR CHILD NEED TO TAKE DAILY MEDICATIONS AT SCHOOL?</b> A medication during school hours form <b>MUST</b> be signed by a physician and a parent and <b>MUST</b> accompany prescribed medications. All medications taken at school <b>MUST</b> be maintained and administered from the health office under school personnel supervision. <b>SPECIFY ALL CURRENT MEDICATIONS (to include medications taken at home):</b> _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments
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<b>HAS YOUR CHILD BEEN HOSPITALIZED?</b> Specify the date and reason: Date: _____ Length of Hospitalization _____ SPECIFY REASON: _____ mo/day/yr.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments
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SPACE BELOW FOR PARENT TO PROVIDE ADDITIONAL INFORMATION CONCERNING OTHER MEDICAL CONDITIONS.

(PLEASE PRINT)

PRIVACY ACT NOTICE

AUTHORITY: Sections 113, 136 and 2164 of title 10, and 921-932 of title 20 of the United States Code.  
 PRINCIPAL PURPOSE: To promote student's health for learning.  
 ROUTINE USE (S): Disclosures are authorized by 5 U.S.C. 552a(b) of the Privacy Act within DoD and outside DoD as a routine use pursuant to DoD Blanket Routine Uses set forth at <http://defenseink.mil/privacy/noticesod>, authorized by 5 U.S.C. 552a(b)(3).  
 DISCLOSURE: Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.

<b>Parent/Sponsor's Signature:</b> _____	<b>Date:</b> _____
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