



Naples Elementary School Enrollment Package Checklist

Student's Name:

Civilian

To register your child/ren, DoDEA requires the following:

- **Sponsor's Orders**
- **Signed DSE 602(DoD Civilian Only)**
- **Copy of child's Birth Certificate(Kindergarten and First Graders)**
- **Immunization Record**
- **Previous School Records**

Start Date:

Students registered by 10:00a.m. begin class(es) the following day, unless the parent requests a later start date. Any student registering after 10:00 will not start until the second school day.

Bus Transportation:

Bus Transportation is provided for most students of the Naples School. Please check with transportation located in the High School for a list of bus routes.

Transportation 081-811-4769.

**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 <input type="radio"/> M <input type="radio"/> F	e. Home Phone		g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission <input type="radio"/> Y <input type="radio"/> N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed <input type="radio"/> Y <input type="radio"/> N	n. Computer/Internet Permission <input type="radio"/> Y <input type="radio"/> N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? <input type="radio"/> Y <input type="radio"/> N	r. Local Use

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

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

SECTION II – SPONSOR INFORMATION

4. Sponsor's Name (Last, First, Middle Initial)		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 (MMDDYYYY)	35. DoDAAC	
		36. School Name		
		37. Orders on File / Verified		Y N
		38. Birth Date Verified		Y N
27. Exceptions (If none, enter NONE)		39. Reserved		
		Y N		
28. Signature of Sponsor	29. Date (MMDDYYYY)	40. Registrar's Initials	41. Date (MMDDYYYY)	
30. Reserved	31. Reserved	42. Reserved		
32. Local Use	33. Local Use	43. Local Use		

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

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS

SPECIAL NEEDS QUESTIONNAIRE

STUDENT'S NAME _____	GRADE _____	Male <input type="radio"/>	Female <input type="radio"/>
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Sponsor's Name _____ Phone: _____ / _____
Duty Home

COMPLETE ONLY THOSE SECTIONS WHICH DESCRIBE YOUR CHILD'S SPECIAL NEEDS

My child has been in SPECIAL EDUCATION and has an Individualized Education Program (IEP) for:

- | | |
|---|---|
| <input type="checkbox"/> Learning Impairment/Disability | <input type="checkbox"/> Physical Impairment/ Other Health Impaired |
| <input type="checkbox"/> Communication Impairment | <input type="checkbox"/> Emotional Impairment |
| <input type="checkbox"/> Developmental Delay | <i>(Please provide IEP and other records to school.)</i> |

My child speaks LIMITED OR NO ENGLISH.

First language of Father: _____ Mother: _____
 Languages spoken by the child: _____
 Child's best language is: _____
 Number of years child has attended English speaking schools: _____

I give I do not give my permission for the school to screen my child's English ability.

My child received help in a COMPENSATORY EDUCATION PROGRAM/ A 504 PLAN *(non-special education academic assistance)* for:

- | | | |
|----------------------------------|-------------------------------|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Language Arts |
|----------------------------------|-------------------------------|--|

My child was enrolled in a TALENTED AND GIFTED / HONORS PROGRAM.

Previous TAG/honors enrollment at: _____
Name of School and Location

Test Scores Available Test Scores Not Available

The school SHOULD BE AWARE OF THE FOLLOWING:

- Consider special seating in the classroom: for vision for hearing
- Limited or no physical education because _____
- Counseling services need to be considered.
- My child was retained in _____ grade.
- Other needs or comments: _____
- I prefer to discuss my child's needs privately with the school counselor. Please call me.

I am enrolled in the Exceptional Family Membership Program due to my child's:

- | | |
|--|--|
| <input type="checkbox"/> Educational Needs | <input type="checkbox"/> Medical Needs |
|--|--|

My child does not have any special needs.

Sponsor's Signature

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
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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) _____



DEPARTMENT OF DEFENSE
 DEPENDENTS SCHOOLS
 OFFICE OF THE PRINCIPAL
 NAPLES ELEMENTARY SCHOOL
 PSC 808 BOX 39
 FPO AE 09618-0039



ZERO TOLERANCE FOR WEAPONS (ZTW) FORM

STUDENT'S NAME

FOR SCHOOL YEAR

GRADE:

Although there has never been a significant problem with weapons at Nettraberg Elementary School, this form is intended to ensure that all parents and students, especially those new to the school, have a thorough understanding of school and community policy regarding weapons.

Students occasionally bring to school items, which they might not think of as weapons, but which could possibly be used as a weapon. Both DoDDS-Europe and the USAG Grafenwoehr have zero tolerance policies on weapons. Students who bring weapons to school will receive notice of proposed expulsion from school, and the incident and proposed disciplinary action will be deliberated by the school Disciplinary Committee. Any incidence of weapons in the school is also reported immediately to the military police and the USAG Grafenwoehr.

According to DoDEA Regulation 2051.1, August 16, 1996, Disciplinary Rules and Procedures, "Weapons are items carried, presented, or used in the presence of other persons in a manner likely to make reasonable persons fear for their safety. They include, but are not limited to, guns, look-alike (replica) guns, knives, razors, razor blades, box or carpet cutters, slingshots, nunchucks, any flailing instrument such as a fighting chain or heavy studded or chain belt, objects designed to project a missile, explosives, mace, pepper spray, or any other similar propellant, or any other object concealed, displayed, brandished in a manner that reasonable provokes fear." Weapons could include items not designed as weapons, such as locks, rocks, bats, or even nail files, if they are used or intended to be used to hurt others. Weapons can be any items used to hurl someone.

Any student having knowledge of a weapon or unsafe situation is responsible to report it to an adult. The student should report any alleged weapon or unsafe situation, whether the student knows it to be a fact or not. Not reporting a weapon, an unsafe situation, or withholding information that could keep the school safe will result in disciplinary action.

Below are some frequently asked questions and answers regarding Zero Tolerance for Weapons:

Q: What is meant by Zero Tolerance?

A: Zero Tolerance means that weapons or replicas are not allowed in school. Precise steps will quickly be taken to rectify the problem. Severe corrective action and punitive actions will be taken. No leniency will be shown towards violators.

Q: Are school busses considered school property?

A: Yes, weapons are not allowed on school busses, nor at any school functions or activities.

Q: Can students get into trouble if they know about or assist someone who has a weapon?

A: Yes, knowing about a weapon without reporting it to a school official is considered a policy infraction.

Q: Can student get into trouble for bringing a knife to school for a scout meeting after school, even if they keep it in their backpack?

A: Yes, bringing a weapon or replica to school or possessing such an item is a violation of the policy.

Q: Is threatening someone with an object not normally considered a weapon an infraction?

A: Yes, items not designed as weapons, but used as weapons to harm, frighten, or threaten someone are considered weapons.

Q: Can students be expelled or suspended from school for bringing in items that look like weapons?

A: Yes, items that resemble weapons will be considered as a weapon replica and are not allowed at school. Even toys that look like weapons.

I understand the above school policy.

SIGNATURE OF PARENT OR GUARDIAN

DATE

NAPLES Elementary School
PSC 808
FPO AE 09618

New Student Notification

Today's Date: _____

Child's starting date: _____

Grade level: _____

Student's name: _____

Gender: _____

Birth date: _____

Teacher Assignment: _____ RM: _____

Telephone Contacts:

Home: _____

Dad's work: _____

Mom's work: _____

Sponsor Cell: _____

Spouse Cell: _____

Email address: _____

Emergency Name & Telephone #'s _____

How is the child getting home? _____

Are records available? _____

E2. ENCLOSURE 2SCHOOL VOLUNTEER APPLICATION

SCHOOL VOLUNTEER APPLICATION	
PRIVACY ACT STATEMENT	
<p>AUTHORITY: Section 113 of title 10 (Secretary of Defense), section 13041 of title 42 USC 13041 (Crime Control Act of 1990), and section 552a of title 5 (Privacy Act) of the United States Code, and E.O. 9397 (SSN) authorize the collection of this information.</p> <p>PRINCIPAL PURPOSE: To obtain information to determine applicant suitability for acceptance as a DoDEA volunteer.</p> <p>ROUTINE USE: Disclosures of the Social Security Number and other personal information within the Department of Defense are authorized upon a demonstrated "need to know" to perform an official duty, including, but not limited to: (1) DoD attorneys rendering advice and assistance, and (2) DoD law enforcement or security activities concerning a law enforcement or security investigation. Other routine disclosures of relevant and necessary information are authorized to agencies outside of the DoD by DoDEA and DoD Privacy Act Systems Notices, and by government-wide systems notices which may be found at http://www.defenselink.mil/privacy/notices/osd/.</p> <p>DISCLOSURE: <u>VOLUNTARY</u>. Failure to disclose the information may delay or render an individual unable to participate in the volunteer program</p>	
Instruction: Provide complete information. Only completed applications can be considered.	
NAME:	SSN:
SPONSOR'S NAME:	SSN:
MAILING ADDRESS:	HOUSE ADDRESS:
Home telephone: (Area code first)	Duty telephone: (Area code first)
Facsimile number: (Area code first)	E mail Address:
List the school (s) where you are applying as a volunteer:	
1. _____	
2. _____	
3. _____	
Check all services for which you are interested in volunteering:	
<input type="checkbox"/> Classroom Activities	<input type="checkbox"/> Field Trips (Over night)
<input type="checkbox"/> Lunchroom Monitor	<input type="checkbox"/> Extracurricular Activities
<input type="checkbox"/> Bus Monitor	<input type="checkbox"/> Athletic Coaching
<input type="checkbox"/> Playground Supervision	<input type="checkbox"/> Chaperone for Student Field Trips
<input type="checkbox"/> Library-Media Center	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Field Trips (Day)	
<input type="checkbox"/> Other (Please specify all others)	
Complete the following questionnaire. If you answer yes, provide information requested in the space provided. If additional space is needed to answer a question, use a blank piece of paper with your name and SSN noted at the top of the page.	

E2. ENCLOSURE 2

SCHOOL VOLUNTEER APPLICATION

Question	YES	NO
1. Do you have a child/children in the school(s) where you wish to volunteer? What Grade level(s)?		
2. Do you have experience as a school volunteer? Describe your past experiences.		
3. Have you ever been removed from a school volunteer position? Describe the circumstances.		
4. Can you provide a character reference? Give the name and telephone number.		
5. Have you ever been arrested for, charged with, or convicted of a crime involving a child? If "Yes," state the disposition of the arrest charge.		
6. Have you ever been asked to resign from a job because of, or been decertified for a sexual offense? Describe the circumstances.		
<u>Pre-Selection Agreement</u> If selected for a school volunteer position, I agree to immediately notify the Principal of the school of any subsequent adverse information regarding myself that would indicate poor judgment, unreliability, or untrustworthiness in working with children.		
<u>Certification that My Answers Are True</u> My statements on this form, and any attachments to it, are true, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may result in denial of selection for or termination of volunteer services, and possible law enforcement referral as appropriate.		
Signature _____	Date _____	

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



DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE SCHOOL NURSE
NAPLES ELEMENTARY SCHOOL
PSC 808 BOX 39
FPO AE 09618-0039
629-4058/081-811-4058



Naples Elementary School
Office of the School Nurse

DATE: _____

MEMORANDUM FOR: Parents/Sponsor of _____

SUBJECT: Student Use of Medication during the School Day

The school nurse accommodates parent requests for medication (to include prescription, nonprescription, and over-the-counter) to be administered during the school day. According to DoDEA Health Service Guide, DS Manual 2942.0, school personnel may administer medications when certain criteria are met.

In order for school personnel to administer medications during school hours, a completed medication order form MUST be provided to the school signed by the parent and a physician. These forms are available in the Nurses' Office, and at the Pediatric Clinic.

The medication will be in the original container, properly labeled by the pharmacy or physician. The label should indicate the name of the student and physician, the medication, dosage and frequency. The date of the prescription needs to be a current date.

All medications will remain at the school for the duration of the prescription. Any changes in the medication, dosage or frequency will necessitate a new form and a new-labeled container.

Medications for acute illness (such as bacterial infections) are usually prescribed three times a day and may be administered by the parent before school, after school, and before bedtime.

Please call the Nurses' Office at 629-4058/081-811-4058 if you have any further concerns.

Parent signature

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/osd>. 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)

Signature and Stamp of Medical Authority / Date

VERIFICATION OF CIVILIAN EMPLOYMENT

PRIVACY ACT STATEMENT

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

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

Employee's Name (*Last, First, Middle initial*) _____

Sponsor's Official Phone Number _____ Official E-mail Address _____

TO BE COMPLETED BY THE EMPLOYEE'S CIVILIAN PERSONNEL OFFICE ONLY

Employee's DoD Agency (see reverse) _____

Is the employee listed above a US Citizen/National? Yes ___ No ___

Permanent full time? Yes ___ No ___ Number of hours/week ___

Is the employee a CONUS hire or receiving CONUS hire entitlements? (LQA w/dependents + Civilian

Transportation Agreement for the current position) Yes ___ No ___

DoDDS: Date Eligible to Return from Overseas (DEROS) _____

Printed Name (*Last, First, Middle Initial*) of CPO/HRO/CPAC/DoDDS District HRO _____ Signature _____

Telephone Number

E-mail Address

*Date Signed (YYYYMMDD)

BY SIGNING AND DATING THIS FORM YOU ARE CERTIFYING THAT THE INFORMATION PROVIDED IS VALID.

NOTE: *The certification date cannot be left blank. It's mandatory in order to validate the employee's current employment.

For local hire and sponsors with "indefinite" DEROS: This form must be signed and turned in on the first day of attendance or within 48 hours after the first day of attendance; a completed new form is required every school year.

For DoDEA Teaching Staff: DoDEA HR can approve up to 3 years.

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

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

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

VERIFICATION OF CIVILIAN EMPLOYMENT

Department of Defense Agencies

Department of the Army Civilian
Department of the Navy Civilian
US Marines Civilian
Department of the Air Force Civilian
U.S. Coast Guard Civilian
Defense Commissary Agency
AAFES
NEX
Stars and Stripes
Defense Audit Agency
Defense Contracting Agency

Defense Finance and Accounting Service
Defense Systems Information Agency
DoD Intelligence Agencies
DoDEA/DoDDS
Defense Security Cooperation Agency
Defense Threat Reduction Agency
OSD Missile Defense Agency
Defense POW/MIA Activity
Security Assistance Program
Foreign Military Sales
Defense Logistics Agency

DoDEA Form 602, (BACK), February 2011

Enrollment Eligibility Categories for DoD Civilians

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

Residing with the Sponsor Overseas <i>Space-Required, Tuition-Free</i>		
Code	Description	Documentation Required
1FA	Dept of Army Civ	A or (A+B) or [C+(E or G)]
1FB	Dept of Navy Civ	A or (A+B) or [C+(E or G)]
1FC	U.S. Marine Corps Civ	A or (A+B) or [C+(E or G)]
1FD	Dept of Air Force Civ	A or (A+B) or [C+(E or G)]
1FE	U.S. Coast Guard Civ	A or (A+B) or [C+(E or G)]
1FF	Def Commissary Agency	A or (A+B) or [C+(E or G)]
1FG	AAFES	A or (A+B) or [C+(E or G)]
1FH	Stars and Stripes	A or (A+B) or [C+(E or G)]
1FI	Def Audit Agency	A or (A+B) or [C+(E or G)]
1FJ	Def Contracting Agency	A or (A+B) or [C+(E or G)]
1FK	Def Fin and Accounting	A or (A+B) or [C+(E or G)]
1FL	Def Logistics Agency	A or (A+B) or [C+(E or G)]
1FM	Def Info Sys Agency	A or (A+B) or [C+(E or G)]
1FN	DoD Intel Agencies	A or (A+B) or [C+(E or G)]
1FO	DoDEA / DoDDS	A or (A+B) or [C+(E or G)]
1FP	Other	A or (A+B) or [C+(E or G)]
1FQ	Def Sec Cooperation	A or (A+B) or [C+(E or G)]
1FR	Def Threat Reduction	A or (A+B) or [C+(E or G)]
1FS	OSD Missile Def Agency	A or (A+B) or [C+(E or G)]
1FT	Def POW/MIA Activity	A or (A+B) or [C+(E or G)]
1FV	Navy/Marines Exchange	A or (A+B) or [C+(E or G)]

Residing in Different Overseas Location <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3FA	Dept of Army Civilian	A or [C+ (E or G)+H]
3FB	Dept of Navy Civilian	A or [C+ (E or G)+H]
3FC	U.S. Marine Corps Civilian	A or [C+ (E or G)+H]
3FD	Dept of Air Force Civilian	A or [C+ (E or G)+H]
3FE	U.S. Coast Guard Civilian	A or [C+ (E or G)+H]
3FF	Def Commissary Agency	A or [C+ (E or G)+H]
3FG	AAFES	A or [C+ (E or G)+H]
3FH	Stars and Stripes	A or [C+ (E or G)+H]
3FI	Def Audit Agency	A or [C+ (E or G)+H]
3FJ	Def Contracting Agency	A or [C+ (E or G)+H]
3FK	Def Finance and Accounting	A or [C+ (E or G)+H]
3FL	Def Logistics Agency	A or [C+ (E or G)+H]
3FM	Def Info Sys Agency	A or [C+ (E or G)+H]
3FN	DoD Intel Agencies	A or [C+ (E or G)+H]
3FO	DoDEA / DoDDS	A or [C+ (E or G)+H]
3FP	Other	A or [C+ (E or G)+H]
3FQ	Def Sec Cooperation	A or [C+ (E or G)+H]
3FR	Def Threat Reduction	A or [C+ (E or G)+H]
3FS	OSD Missile Def Agency	A or [C+ (E or G)+H]
3FT	Def POW/MIA Activity	A or [C+ (E or G)+H]
3FV	Navy/Marines Corps Exchange	A or [C+ (E or G)+H]

Security Assistance Program / Foreign Military Sales <i>Space-Required, Tuition-Paying</i>		
Code	Description	Documentation Required
1GA	Security Assistance Prg	A or (A+B) or [C+(E or G)]
1GB	Foreign Military Sales	A or (A+B) or [C+(E or G)]

Other DoD Civilian <i>Space-Available, Tuition-Paying</i>		
Code	Description	Documentation Required
2BA	Part-time APF or NAF	C + (E or G)
2CA	Civilian TDY from CONUS	D + (E or G)
<i>Space-Available, Tuition-Free</i>		
3GF	Civilian with Sec Def tuition waiver	E + I

Documentation Needed

- A. -Sponsor's PCS orders listing family members. (New DEROS validated with either memo from servicing HRO/CPO/CPAC/DSOPS, or DoDEA Form 602)
- B. -Designated Location Movement (DLM), Dependent Remain Overseas (DRO), or Renewal Agreement Travel (RAT) orders listing family members.
- C. -DoDEA Form 602, Verification of Civilian Employment (For local hire civilians it's due annually, and within 48 hours of first day of enrollment but NOT BEFORE).
- D. -CONUS based civilian TDY orders.
- E. -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 "G" below and approval by the DoDDS-E Eligibility POC.
- G. -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)
- H. -Memo from the sponsor confirming and agreeing to the use of his/her DoDDS eligibility entitlement, by the family, while they're living in another overseas location.
- I. -Death of Sponsor: Death certificate and/or documentation showing that the sponsor died while assigned overseas as a full-time U.S. DoD civilian employee. 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.

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