



Naples Elementary School Enrollment Package Checklist

Student's Name: _____

Contractors

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

- Sponsor's Orders
- Signed DSE 602(DoD Civilian Only)
- Valid ID Card of Sponsor(Contractors Only)
- Logistical Support Letter DoD and Contractors)
- Central Billing Letter(Tuition Paying Only)
- Sponsor and Student Passport
- 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	f. Student SSN / Unique ID	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	f. Student SSN / Unique ID	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	
12. Spouse's Name (Last, First, Middle Initial)		13. Spouse's Title		14. Spouse's Employer	
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			
27. Exceptions (If none, enter NONE)		37. Orders on File / Verified		Y	N
		38. Birth Date Verified		Y	N
		39. Reserved		Y	N
28. Signature of Sponsor		29. Date (MMDDYYYY)		40. Registrar's Initials	
30. Reserved		31. Reserved		42. Reserved	
32. Local Use		33. Local Use		43. Local Use	
				41. Date (MMDDYYYY)	

**NOTICE TO SPONSORS AND CONSENT TERMS
FOR SPACE-AVAILABLE STUDENTS**

PRIVACY ACY 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.

ROUTINE USE(S): Information may be disclosed within DoD under 5 U.S.C. 552a(b) to fulfill an official duty, and outside DoD as authorized by 5 U.S.C. 552a(b)(3) and Government-wide, DoD blanket, and Office of the Secretary/DoDEA routine uses published at <http://www.defenselink.mil/privacy/notices>.

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.

Subject: Space-Available Enrollment Form

School Year: _____

Dear _____

Welcome to the Department of Defense Education Activity (DoDEA) school system. We look forward to working with you to complete the registration and enrollment process. At this point we have received your application for enrollment and the request is for Space-Available enrollment. Please read the notice and the consent information below my signature concerning the terms associated with Space-Available enrollment. If you agree to these conditions, list your dependent's name(s), respective grade, and sign the Space-Available form. It is essential that you return this form to the school registrar to continue with your enrollment application.

Once the form is received, we will promptly notify you of the status of the application so you can make plans for your dependents' education. If we are unable to guarantee an enrollment 60 days prior to start of school, then I will personally ensure that you are kept abreast of the enrollment process each week until a final determination is made.

Historically we have been able to accommodate the vast majority of Space-Available students. If a classroom seat is made available for your dependent, then it is our expressed intent to try to hold a position each and every year. We will do our best to ensure your dependents' continued enrollment. However, our priority must remain on the enrollment of Space-Required students.

Principal

Date (MMDDYYYY)

First Endorsement:

The authority for the space-available enrollment of your dependent(s) to attend the Department of Defense Dependents Schools (DoDDS) is under the Defense Dependents' Education Act of 1978, as amended, 20 U.S.C. §921-932, and its implementing Regulation, DoDEA Regulation 1342.13, "Eligibility Requirements for Education of Elementary and Secondary School-age Dependents in Overseas Areas," September 20, 2006, as amended, 32 C.F. R. Part 71. The authority to enroll your dependent as a space-available student is contingent upon the availability of physical space. Some examples of circumstances associated with physical space limitation are:

(a) It is theoretically possible that your dependents' enrollment could be terminated during the school year if "space ceases to exist for any reason". One example might be a sudden influx of space-required students during the school year which overcrowds the school. This has not happened in the last decade or two, and it is DoDEA's intent to continue this trend.

(b) Another theoretical situation for disenrollment would be if your dependents suddenly require more services than are available in the school, such as: the services of an individual teacher or aide, medically-related services from the supporting military medical facility, or transportation.

DoDEA will make every effort to continue the enrollment of students admitted and to continue such enrollment each year. However, this admission does not constitute a guarantee of continued enrollment in successive years.

By signing this notice and consent, you agree to the following conditions for the enrollment of your dependents in DoDDS.

I grant consent to (1) authorize the school to conduct such screenings of my dependent(s) as the school deems necessary to identify any additional services needed, and (2) contact previous schools for educational records.

I agree that if I fail to produce all records required by the school, or if I deliver information that is either misleading or untruthful concerning my dependent's(s') educational or medical needs, my dependent(s) may be (1) denied enrollment, or (2) disenrolled immediately.

I agree to pay tuition if applicable at the established rates prior to the admission of my dependent(s) at the school where they are granted enrollment and acknowledge receiving and understand the Tuition Payment Procedure letter.

The name(s) and grade(s) of each dependent I wish to enroll on a space-available basis, subject to the terms and conditions of this agreement are:

Dependent Name (Last, First MI)

Grade

Dependent Name (Last, First MI)

Grade

Dependent Name (Last, First MI)

Grade

Sponsor Signature

Date (MMDDYYYY)

Principal Signature

Date (MMDDYYYY)

Distribution: Original – Retained by School Copy – Provided to Sponsor

TUITION PAYMENT PROCEDURES LETTER

Dear Sponsor:

It has been determined that the student(s) that you have registered may attend at DoDDS only on a tuition-paying basis. This letter is to advise you of the procedures you must follow to complete the enrollment process. It is highly recommended that you carefully read the "Late Enrollment/Early Withdrawal Policies" section of this letter before you proceed with the enrollment process. It is also required for all space available enrollments to receive a copy of the DoDEA regulation 1030.1 (Space-Available Eligibility Requirements for Education of Minor Dependents in Overseas Areas, April 04, 2005), and sign the appropriate attachment to the DoDEA Regulation 1030.1.

TUITION-PAYMENT PROCEDURES

The school administration should have confirmed your eligibility, which governs the payments methods that is afforded to you. If the school administration has confirmed that you qualify to participate in payment of the tuition costs for your dependent(s) through the Central Billing Program, you must provide a Central Billing Authorization Letter (CBL) before your dependent(s) can start school. The school registrar/tuition clerk can provide you with a copy of our Central Billing Letter Format, DSE Form 804. This is the only letter format acceptable. No other letter will be accepted, and your dependent may not attend school until a proper letter is provided.

If your agency or you elect not to participate in the Central billing program the tuition is to be paid before your dependent(s) can start classes, and after that on the first day of each semester or quarter, and in accordance with the procedures outlined below.:

Ask the registrar or cashier to tell you the amount of tuition now due. The minimum amount payable is the balance of the current semester. If for some reason you are unable to pay by the semester you may request to make payments by the quarter. Before quarterly payments are made you must request it in writing (writing) explaining the circumstance and the request must go through the school to their District Office for determination. The District office must approve the request before quarterly payments are made.

Present the school CASHIER (not the registrar) with a US dollar personal check, a certified bank check, or a money order which is made payable to Treasurer of the United States-DSSN 5570, in the exact amount provided to you by the registrar or cashier. Checks made out in any other manner will not be accepted. Cash will not be accepted under any circumstances. Currently we do not have electronic funds transfer capability nor do we accept credit cards as a method of payment.

Return to the registrar with the receipt given you by the cashier, and present it to the registrar. When the registrar is finished with the receipt, it will be returned to you for your records. The registration process is complete once this is done.

U.S. CONTRACTORS

If your agencies U.S. contract or your ID card expires during the school year your eligibility category will change and you will not be covered under the CBL (if applicable), and the amount of tuition will increase. It is your responsibility to keep your employment information

current. Failure to adhere to this policy may result in the suspension of educational services of your family member(s) at the end of the affected quarter.

RETURN CHECK POLICY

All returned checks must be redeemed through a bank check or money order within 2 school days of notification or the student will be withdrawn. If your bank is responsible for the check being returned please present a letter from you banking institution in order to pay by personnel (personal) check.

LATE ENROLLMENT/EARLY WITHDRAWAL POLICIES

The following summary is provided for your information. If you do not understand any part of it, please ask the registrar or school officials for clarification.:

Late Enrollments. A reduction in tuition is given for enrollments, which occur after the third or sixth week of a school quarter. The amount of the reduction represents 3 weeks and 6 weeks of tuition respectively. No other discounts or reductions are possible.

Early-Permanent Withdrawals. Attendance of one day during the quarter requires payment for the entire quarter. If a student withdraws permanently (i.e., for the remainder of the school year) only the portion of the semester's tuition attributable to the second or fourth quarter is refundable. For example:: Tuition paid in advance for first semester and student withdraws during the first quarter, only the second quarter is refundable. In the same example, if the full year were paid, the second semester would also be refundable.

The only exception to the above mentioned refund policy would be if the student were withdrawn at the school's request. In this case, a refund would be prorated based upon the end of the last week of actual attendance.

Students changing status from tuition paying to tuition free are processed refunds from the end of the three-week period within the quarter in which their status changed.

The processing of a refund is predicated on the initial collection clearing the sponsor's account (for personnel (personal) checks). This process requires approximately 6 to 8 weeks. **The process can be shortened if you provide a copy of the negotiated check or bank statement reflecting the check clearing the account.**

Refunds will be made only to the individual or organization that made the original payment, and upon that individual's or organization's written request that includes a mailing address for the check.

It is suggested that you retain this letter for further reference. If you have any questions relating to tuition that cannot be answered by school personnel, please do not hesitate to contact me either by calling Germany civilian +49 (0) 611-380-7351, or DSN 338-7351.

Respectfully,

Mr. Sammie L. Byrd Jr.
Eligibility and Tuition
DoDDS-Europe

(COMPANY LETTERHEAD)

Through: (School Name)*

DATE:

To: DoDDS Europe
Resource Management Office
Attn: Tuition Collection
Unit 29649 Box 7100
APO AE 09096

- or -

DoDDS - Europe
Resource Management Office
Attn: Tuition Collection
Postfach 2267
65012 Wiesbaden

SUBJECT: Authorization for Central Billing of Tuition

(Company name) accepts the responsibility for the payment of tuition costs for the student(s) (identified below) of our employee (identified below) for school year (current school year 2007/2008). All billings for these costs should be forwarded to (exact billing address. Be as specific as possible). Any questions concerning the payment of tuition should be addressed to (name, telephone and fax number and email address of company contact). Agency Tax ID. Please also provide the Cage code if a refund is due and payment is to be made via Electronic Funds Transfer System (EFT). This requirement is not applicable for US or Foreign Government agencies such as Embassies, FBI, State Department etc.

Upon termination, resignation, etc., of our employee, DoDDS-Europe must be notified, in writing. If DoDDS-Europe is not notified, and the student(s) remain enrolled in school, we will continue to be responsible for all tuition costs. It is our responsibility to obtain any reimbursement from our employee. Even if DoDDS-Europe is notified, we understand that we are responsible for tuition payment to DoDDS-Europe for each quarter of enrollment, irrespective of the days attended in that quarter.

The authorized family member(s) of our employee's are:

(Example)

<u>STUDENT(S)</u>	<u>SPONSOR</u>	<u>AGE GRADE</u>		<u>SCHOOL*</u>
Lavay Arnold	Jeff Arnold	8	3	Hanau Elementary School
Faith V. Anderson	Robert Anderson	17	12	Hanau High School
Rachel Lavay	DeAnna Lavay	6	1	Argonner ES
David Lavay	DeAnna Lavay	6	1	Argonner ES

(Signature and printed name/title of authorized company representative)

*Note: Not required to be provided by your company; however, if it is not possible to provide this information, please leave space so that school personnel can insert it.

DSE 804 (REV JUL 2007)

SEE COMPLETED EXAMPLE NEXT PAGE

(Central billing example letter)

The American Battle Monuments Company
ABMC
123 Pine St.
Anywhere, USA

July 15, 2007

Through: Schools listed below*

To: DoDDS-Europe
Resource Management Office
Attn: Tuition Collection
Unit 29649 Box 7100
APO AE 09096

SUBJECT: Authorization for Central Billing of Tuition

The American Battle Monuments Commission accepts the responsibility for the payment of tuition costs for the student(s) (identified below) of our employee (identified below) for school year 2007 / 2008. All billings for these costs should be forwarded to the above address. Any questions concerning the payment of tuition should be addressed to Mr. James Smeltz, (717) 531-6447, fax number (717) 531-1234 email: JS@ABMC.COM. Agency Tax ID: 11-2233445. Cage code : 1ABCD

Upon termination, resignation, etc., of our employee, DoDDS-Europe must be notified, in writing. If DoDDS-Europe is not notified, and the student(s) remain enrolled in school, we will continue to be responsible for all tuition costs. It is our responsibility to obtain any reimbursement from our employee. Even if DoDDS-Europe is notified, we understand that we are responsible for tuition payment to DoDDS-Europe for each quarter of enrollment, irrespective of the days attended in that quarter.

The authorized family member(s) of our employee's are:

<u>STUDENT(S)</u>	<u>SPONSOR</u>	<u>AGE</u>	<u>GRADE</u>	<u>SCHOOL</u>
Lavay Arnold	Jeff Arnold	8	3	Hanau Elementary School
Faith V. Anderson	Robert Anderson	17	12	Hanau High School
Rachel Lavay	DeAnna Lavay	6	1	Argonner ES
David Lavay	DeAnna Lavay	6	1	Argonner ES

Fred Flintstone

Mr. Fred Flintstone
Chief Executive Vice President, ABMC

1H Enrollment Acknowledgement

This sheet is to be signed by all US DoD contractors seeking enrollment in DoD schools under category 1H, US Contractors, Tuition Paying. The signed sheet is to be filed with the student's registration information.

I am aware of the 1H enrollment guidelines and procedures and will inform the school should there be any changes in the status of my DoD contract.

Contractor Name (Printed)

Contractor Signature

Date

Student(s) Name (Printed)

Enrollment Eligibility Categories for DoD Contractors & Others

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

DoD Contractors <i>Space-Created, Tuition-Paying</i>		
Code	Description	Documentation Required
IHA	Dept of Army	A + (E or F)
IHB	Dept of Navy	A + (E or F)
IHC	U.S. Marine Corps	A + (E or F)
IHD	Dept of Air Force	A + (E or F)
IHE	U.S. Coast Guard	A + (E or F)
IHF	Def Commissary Agency	A + (E or F)
IHG	AAFES	A + (E or F)
IHH	Stars and Stripes	A + (E or F)
IHI	Def Audit Agency	A + (E or F)
IHJ	Def Contracting Agency	A + (E or F)
IHK	Def Finance and Accounting	A + (E or F)
IHL	Def Logistics Agency	A + (E or F)
IHM	Def Info Sys Agency	A + (E or F)
IHN	DoD Intel Agencies	A + (E or F)
IHO	DoDEA / DoDDS	A + (E or F)
IHP	Other	A + (E or F)

Others, Federally Connected <i>Space-Available, Tuition-Paying</i>		
Code	Description	Documentation Required
2AA	Other US Govt (non-DoD, i.e. State Dept, FBI, GAO, etc) (US civ with NATO or UN)	B or [C + (E or F)]
2CA	U.S. Interest (i.e. Red Cross, USO, Boy and Girl Scouts, university personnel, CommunityBank) (TDY from CONUS, and Reserves less than 180 days)	C + (E or F) D + (E or F)
2DA	Foreign Service (Foreign mil/civ serving with NATO, UN, etc.)	G + (E or F)

Others, Non-Federally Connected <i>Space-Available, Tuition-Paying</i>		
Code	Description	Documentation Required
4AA	US Citizen (employed by non-DoD contractors such as Siemens, Citibank, GM, etc.)	I + J
4CA	Other US (not included in other categories, to include retired US military personnel)	I + J
4DA	Other Foreign National	I + J + L

Allied Nations (Mons, Belgium only) <i>Space-Required, Tuition-Free</i>		
Code	Description	Documentation Required
IMA	Foreign mil members assigned to SHAPE	E + G + H + K

Partnership for Peace (PfP) and Newly Independent States (NIS) <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3PA	Foreign mil/civ PfP liaisons at NATO sites. Applicable to SHAPE, Naples, AFNORTH and Garmisch	E + G + H
3PB	Foreign mil/civ from NIS countries. Applicable to Ankara, Turkey only	E + G + H

Documentation Needed

- A. -Copy of the contractor's ID card. The expiration date on the card should be used as the DEROS date.
In Germany and Italy: The contractor's ID card should have a colored stripe.
In The Netherlands: Copy of the contractor's ID card, or a copy of the approval letter from The Netherlands Law Center.
- 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. If documentation doesn't list family members, then "E" or "F" below is required to link the students to the sponsor.
- C. -DoDEA Form 602, Verification of Civilian Employment.
- D. -CONUS based active duty military TDY orders. Reserve orders reflecting activation.
- 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 "F" below and approval by the DoDDS-E Eligibility POC.
- F. -In Loco Parentis Documentation. Sponsor needs to provide the 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 & Eligibility*).
- 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 for Ankara NIS billets.
- I. -Sponsor's and student's Passport
- J. -Installation pass granting access from the local Installation Commander's Office.
- K. -USNMR/Base Commander validation.
- L. -Verification that there is no objection from the host nation regarding the enrollment. For Turkey, required proof the child is citizen of a country other than Turkey.

(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.)

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)



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 Newberg 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 hurt 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. Prudent 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: For 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

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) _____

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.pdf>.

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

SPECIAL RESOURCE PROGRAM QUESTIONNAIRE

(Please print)

Student/Child Name: _____ Grade: _____

Today's Date: _____

Sponsor's Name: _____

Home Phone Number: _____

Duty Phone Number: _____

Cell Phone Number: _____

Second Cell Phone: _____

Primary E-mail: _____

Second E-mail: _____

Please indicate below previous resources your child has had:

RESOURCE PROGRAM	Y	N	Dates
-------------------------	----------	----------	--------------

Reading Improvement			
---------------------	--	--	--

READ 180			
----------	--	--	--

Language Lab			
--------------	--	--	--

Remedial Math			
---------------	--	--	--

English Language Learner/English as a Second Language			
---	--	--	--

Talented and Gifted Education			
-------------------------------	--	--	--

School Psychologist			
---------------------	--	--	--

Counselor			
-----------	--	--	--

Accommodation Plan/ 504			
-------------------------	--	--	--

Other			
-------	--	--	--

SPECIAL EDUCATION SERVICES	Y	N	Dates
-----------------------------------	----------	----------	--------------

Learning Disability			
---------------------	--	--	--

Hearing Impaired			
------------------	--	--	--

Visually Impaired			
-------------------	--	--	--

Physical Therapy			
------------------	--	--	--

Occupational Therapy			
----------------------	--	--	--

Speech/ Language Therapy			
--------------------------	--	--	--

Physically Impaired			
---------------------	--	--	--

Developmental Delay			
---------------------	--	--	--

Emotional Impaired			
--------------------	--	--	--

Other			
-------	--	--	--

Students receiving special education services have an Individual Educational Plan (IEP).

Does your child have a current active IEP? _____

Did you bring a copy of the IEP today? _____

Did your child have an IEP in the past? _____, When _____

Sponsor 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/bsd>. 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"/> 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"/> Depression	RESTRICTIONS
Left? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Rheumatoid heart disease	<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"/> Other	<input type="checkbox"/> Suicidal	<input type="checkbox"/> My child takes daily medication at home.
Left <input type="checkbox"/>	ENDOCRINE	<input type="checkbox"/> Other	<input type="checkbox"/> My child will need medications during school hours. (* See page 2.)
<input type="checkbox"/> Other	<input type="checkbox"/> Diabetes	NEUROLOGICAL	<input type="checkbox"/> My child may need emergency medications during school hours. (* See page 2.)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other	<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Other	MUSCULOSKELETAL	<input type="checkbox"/> Frequent headaches	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Migraines	
<input type="checkbox"/> Other	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Spina Bifida	
DERMATOLOGY	<input type="checkbox"/> Other	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Eczema	GASTROINTESTINAL	<input type="checkbox"/> Sleep disorder	
<input type="checkbox"/> Other	<input type="checkbox"/> Hernia	<input type="checkbox"/> Other	
ENTOURINARY	<input type="checkbox"/> Other	DENTAL	
<input type="checkbox"/> Bladder control problems	<input type="checkbox"/> Braces	<input type="checkbox"/> Braces	
<input type="checkbox"/> Urinary track infections	<input type="checkbox"/> Other	<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 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*) _____

DOSE AND DATE GIVEN

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 <input type="checkbox"/> mm POS <input type="checkbox"/> 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

PREVIOUS EDITION IS OBSOLETE.



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

REQUEST FOR STUDENT RECORDS

DATE:

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:
Previous School

FROM:
New School

Naples Elementary School
PSC 808 Box 39
FPO AE 09618-0039

NAME OF STUDENT(S)

DATE OF BIRTH

ATTENDED YOUR SCHOOL

Last Name	First Name	MI	Mo/Day/Yr	Withdrawal Date	Last Grads

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 Collection, Maintenance, and Dissemination of Pupil Records, dated 18 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.

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>	
<p>Instruction: Provide complete information. Only completed applications can be considered.</p>	
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:
<p>List the school (s) where you are applying as a volunteer:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
<p>Check all services for which you are interested in volunteering:</p>	
<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)	
<p>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.</p>	

DoDEA Form 4700.3-F1, May 2006

E2. ENCLOSURE 2SCHOOL 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 _____	

DoDEA Form 4700.3-F1, (Back) May 2006

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? _____