

# SPONSOR GUIDE

DoDDS-Europe

## Online Pre-Registration Documentation

Department of Defense  
DoDDS-E Online  
Your first step... **PRE-REGISTRATION**  
in registering your child with the DoDDS-Europe School System

User Name:   
Password:   
  
[Recover Password](#)

**WHO? WHAT? WHEN? WHERE? WHY?**

**HOW? Step1: Determine your starting point**  
Have you already created a log-in? Log-in in the upper right hand corner.  
Having trouble?   
Are you new to DoDDS-E Registration?

**PLEASE NOTE!**  
AFTER YOU PRE-REGISTER, YOU STILL MUST GO TO THE SCHOOL TO COMPLETE THE REGISTRATION PROCESS.

[Privacy & Security Notice](#) [Help/Contact Us](#) October 26, 2006

March 2007

# Online Pre-Registration Parent Documentation

The login page is located at <https://www.registration.eu.dodea.edu>, where sponsors have three options. They can simply login to the system, recover their password, or create a user account.

The screenshot shows the DoDDS-E Online Pre-Registration page. At the top left is the Department of Defense logo and the text "DoDDS-E Online" and "Your first step... PRE-REGISTRATION in registering your child with the DoDDS-Europe School System". On the right is a login form with fields for "User Name:" (containing "jim.rodman") and "Password:", a "Login" button, and a "Recover Password" link. Below the login form is a navigation bar with tabs: WHO?, WHAT?, WHEN?, WHERE?, and WHY?. The main content area is titled "HOW? Step1: Determine your starting point" and contains the text "Have you already created a log-in? Log-in in the upper right hand corner." Below this are two buttons: "Recover your password" (with "Having trouble?" above it) and "Create your user account" (with "Are you new to DoDDS-E Registration?" above it). A "PLEASE NOTE!" section states "AFTER YOU PRE-REGISTER, YOU STILL MUST GO TO THE SCHOOL TO COMPLETE THE REGISTRATION PROCESS." At the bottom are links for "Privacy & Security Notice", "Help/Contact Us", and the date "October 26, 2006".

## OPTION 1

If the sponsor chooses *Create an account*, the following screen appears.

The screenshot shows the DoDDS-E Online Pre-Registration page for account creation. It features the same header as the previous screenshot. The main content area is titled "Sponsors with Registered Students in DoDDS-Europe" and asks "Do you have a returning student to DoDDS-E that you have previously registered in person? Your data may have been imported and may now be online." Below this is an "Access your records" button. The next section is titled "Sponsors without any Students in DoDDS-Europe" and asks "Are you and your student completely new to DoDDS-Europe and have never registered with DoDDS-E?". Below this is a "Create your user account" button. A "PLEASE NOTE!" section states "AFTER YOU PRE-REGISTER, YOU STILL MUST GO TO THE SCHOOL TO COMPLETE THE REGISTRATION PROCESS." At the bottom are links for "Privacy & Security Notice", "Help/Contact Us", and the date "October 26, 2006".

If the sponsor has registered students in DoDDS-E but have never registered online, they choose the *Access your records* button. They then enter their desired user name and password, their SSN and their student's SSN.



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New Online Pre-Registration Account For Those Manually Registered

If you have registered manually with DoDDS-E previously, but not online, then your details may have been recently uploaded to our online database. To access your data and those of your children, you must first create a user name and password. You must also input your social security number and a social security number of one of your children registered with DoDDS-E.

\*Desired User Name:

\*Password:

\*Re-Enter Password:

\*Sponsor Social Security #:

\*Student Social Security #:

\* - indicates a required field

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If the sponsor is new to DoDDS-E and has never registered, they choose the **Create your user account**. They then enter their first name, middle name, last name, SSN, desired user name, password, and email address.



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New Online Pre-Registration Family Account

This form is for users who are pre-registering with the DoDDS-Europe (DoDDS-E) school system for the first time. Use this form if you have not previously registered a student online or in person with DoDDS-E.

If you have previously registered your student with DoDDS-E in person but not online, and currently have a student attending a DoDDS-E school, then your details may have been recently uploaded to our online database. Please use this alternative form [here](#).

\*Sponsor First Name:

Sponsor Middle Name:

\*Sponsor Last Name:

\*Sponsor Social Security #:

\*Desired User Name:  Choose a User Name between 6 and 16 characters.

\*Password:  Choose a Password between 6 and 16 characters.

\*Re-Enter Password:

\*Sponsor Email Address:

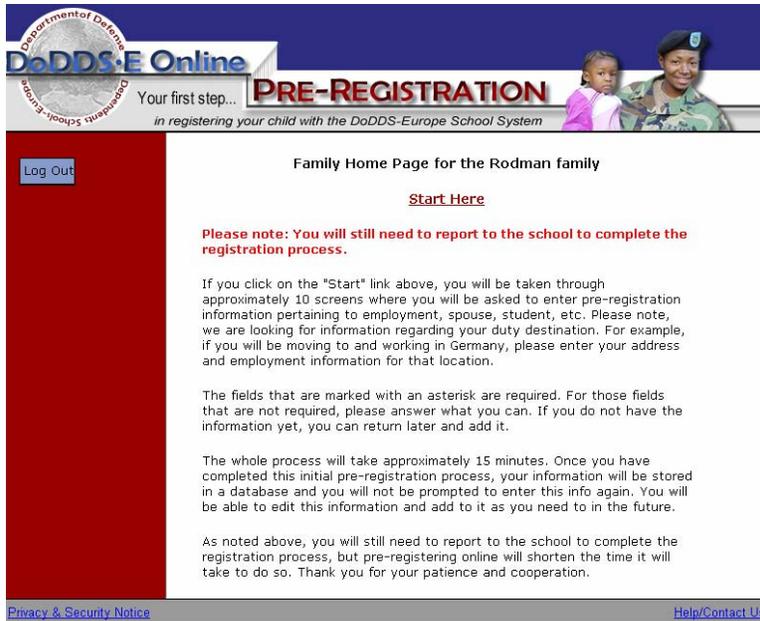
\* - indicates a required field

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Once the account is created and the **SAVE** button is clicked, the following screen appears, advising the new user to login at the Index page to continue the process.

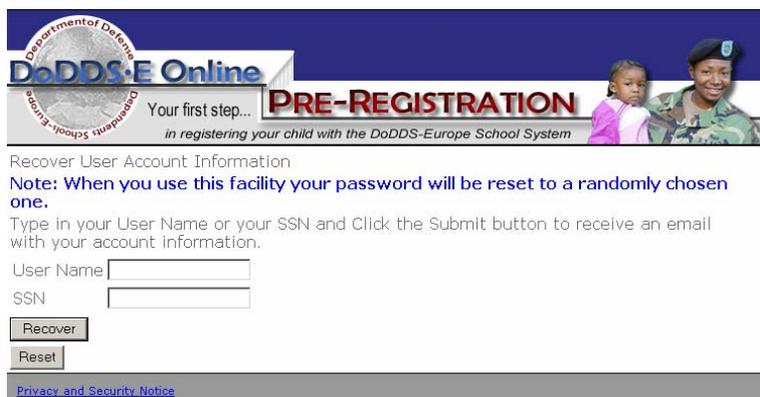


Once logged in, this screen appears. Please read the instructions and click on **Start Here**.



## OPTION 2

If the option **Recover your password** was chosen the following screen appears. Once the sponsor has entered the **User Name** and **SSN**, they will receive an email message with their account information.

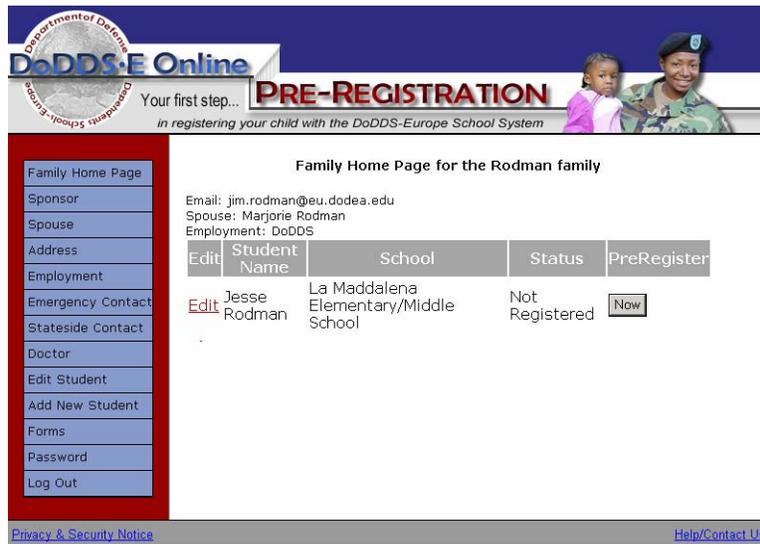


Clicking the Recover button will produce this screen.

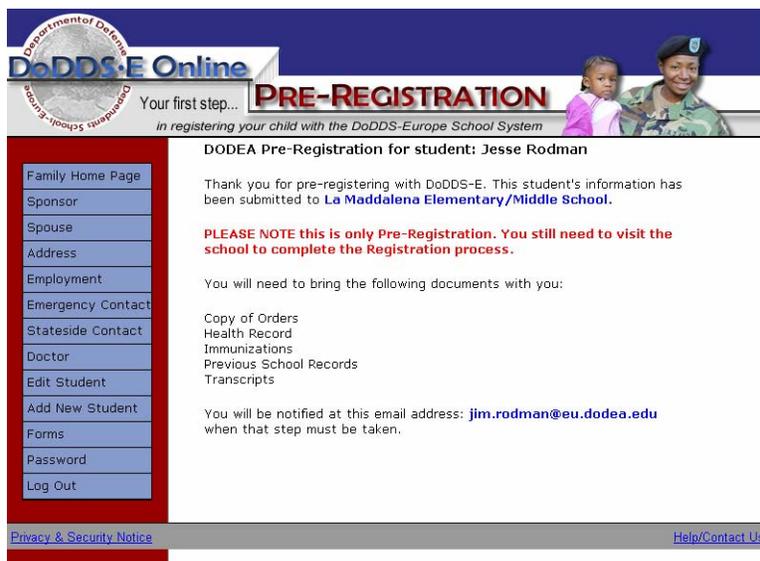


### OPTION 3

Login entering the username and password. The following Family Home Page screen appears listing all the sponsor's students enrolled in DoDDS-E. There is a blue menu at the left, which starts with Family Home Page. This screen also contains an **Edit** link and a **PreRegister Now** link.



If the **PreRegister Now** link is clicked, the following confirmation screen is viewed.



An email message is also produced. "PLEASE NOTE this is only Pre-Registration. You still need to visit the school to complete the Registration process."

You will need to bring the following documents with you: Copy of Orders, Health Record, Immunizations, Previous School Records, Transcripts, and Proof of Age for Early Childhood Students."

Thank you for pre-registering with DoDDS-E. This students information has been submitted to La Maddalena Elementary/Middle School.

PLEASE NOTE this is only Pre-Registration. You still need to visit the school to complete the Registration process.

You will need to bring the following documents with you:

Copy of Orders  
 Health Records  
 Immunizations  
 Previous School Records  
 Transcripts  
 Proof of Age for Early Childhood Students

You will be notified at this email address when that step must be taken.

Next is the **Sponsor Information** page. The required fields have a red asterisk to the left.

**DoDDS-E Online**  
 Your first step... **PRE-REGISTRATION**  
 in registering your child with the DoDDS-Europe School System

**Sponsor Information**  
 This page has been populated with the data you provided when you created your login. Please verify existing data and enter additional information requested if possible.

\*Sponsor First Name:   
 Sponsor Middle Name:   
 \*Sponsor Last Name:   
 \*Sponsor Social Security #:   
 \*Sponsor Email Address:   
 \*ETS/DEROS:    
 Home Phone:   
 Cell Phone:

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Next is the **Spouse Information**.

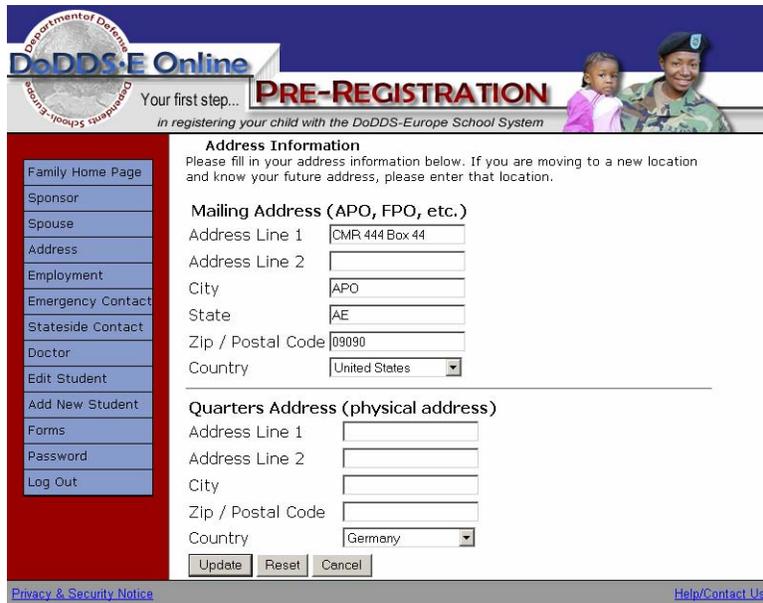
**DoDDS-E Online**  
 Your first step... **PRE-REGISTRATION**  
 in registering your child with the DoDDS-Europe School System

**Spouse Information**  
 Please enter spouse information below if applicable.

First name:   
 Middle name:   
 Last name:   
 Employer:   
 Branch of Service:   
 Spouse Title:   
 Pay/Civ Grade:   
 Duty Phone (DSN):   
 Cell Phone:

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Next is *Address Information*, which includes the mailing address and the quarters address.



The image shows a web form titled "DoDDS-E Online PRE-REGISTRATION" for the Department of Defense. The header includes the DoDDS-E Online logo and the text "Your first step... PRE-REGISTRATION" and "In registering your child with the DoDDS-Europe School System". A navigation menu on the left lists options like "Family Home Page", "Sponsor", "Spouse", "Address", "Employment", "Emergency Contact", "Stateside Contact", "Doctor", "Edit Student", "Add New Student", "Forms", "Password", and "Log Out". The main content area is titled "Address Information" and contains instructions: "Please fill in your address information below. If you are moving to a new location and know your future address, please enter that location." There are two sections: "Mailing Address (APO, FPO, etc.)" and "Quarters Address (physical address)". The Mailing Address section has fields for Address Line 1 (containing "CMR.444 Box 44"), Address Line 2, City (containing "APO"), State (containing "AE"), Zip / Postal Code (containing "09090"), and Country (containing "United States"). The Quarters Address section has fields for Address Line 1, Address Line 2, City, Zip / Postal Code, and Country (containing "Germany"). At the bottom of the form are "Update", "Reset", and "Cancel" buttons. The footer contains "Privacy & Security Notice" and "Help/Contact Us" links.

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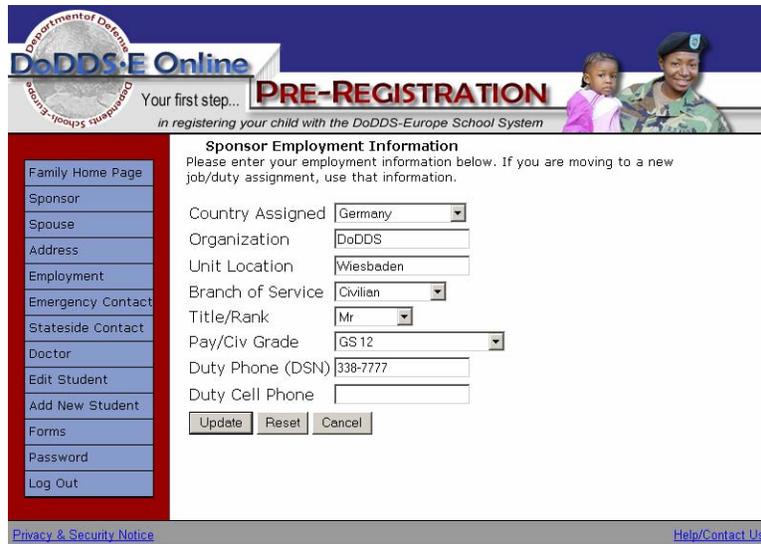
**Address Information**  
Please fill in your address information below. If you are moving to a new location and know your future address, please enter that location.

**Mailing Address (APO, FPO, etc.)**  
Address Line 1   
Address Line 2   
City   
State   
Zip / Postal Code   
Country

**Quarters Address (physical address)**  
Address Line 1   
Address Line 2   
City   
Zip / Postal Code   
Country

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Next is the *Employment Information*.



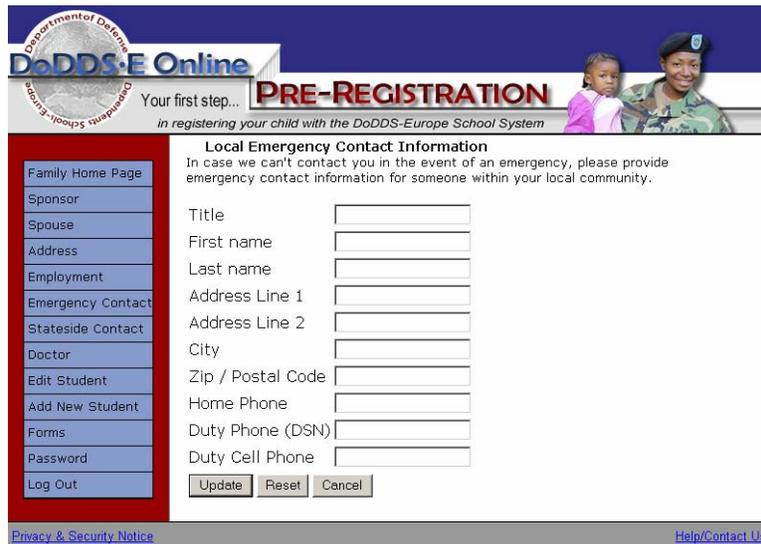
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**DoDDS-E Online**  
Your first step... **PRE-REGISTRATION**  
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**Sponsor Employment Information**  
Please enter your employment information below. If you are moving to a new job/duty assignment, use that information.

Country Assigned	<input type="text" value="Germany"/>
Organization	<input type="text" value="DoDDS"/>
Unit Location	<input type="text" value="Wiesbaden"/>
Branch of Service	<input type="text" value="Civilian"/>
Title/Rank	<input type="text" value="Mr"/>
Pay/Civ Grade	<input type="text" value="GS12"/>
Duty Phone (DSN)	<input type="text" value="338-7777"/>
Duty Cell Phone	<input type="text"/>

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Next is the *Emergency Contact Information*.



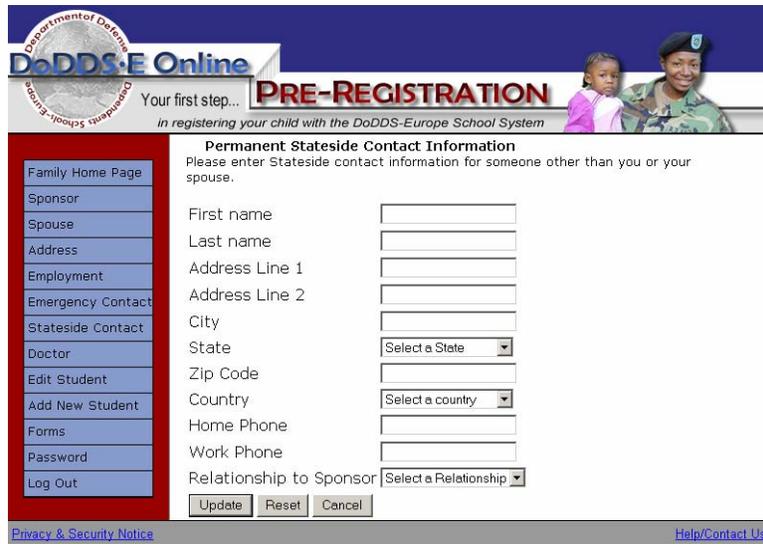
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**Local Emergency Contact Information**  
In case we can't contact you in the event of an emergency, please provide emergency contact information for someone within your local community.

Title	<input type="text"/>
First name	<input type="text"/>
Last name	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
Zip / Postal Code	<input type="text"/>
Home Phone	<input type="text"/>
Duty Phone (DSN)	<input type="text"/>
Duty Cell Phone	<input type="text"/>

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Next is the *Permanent Stateside Contact Information*.



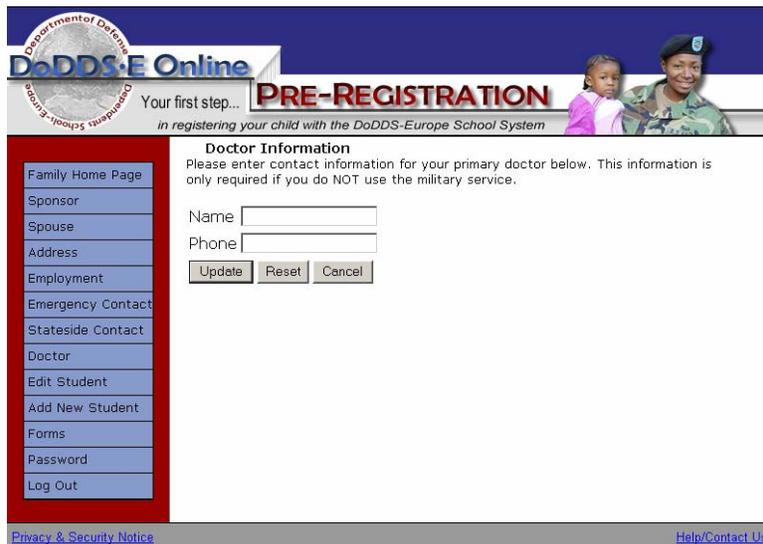
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**Permanent Stateside Contact Information**  
Please enter Stateside contact information for someone other than you or your spouse.

Family Home Page	First name	<input type="text"/>
Sponsor	Last name	<input type="text"/>
Spouse	Address Line 1	<input type="text"/>
Address	Address Line 2	<input type="text"/>
Employment	City	<input type="text"/>
Emergency Contact	State	<input type="text" value="Select a State"/>
Stateside Contact	Zip Code	<input type="text"/>
Doctor	Country	<input type="text" value="Select a country"/>
Edit Student	Home Phone	<input type="text"/>
Add New Student	Work Phone	<input type="text"/>
Forms	Relationship to Sponsor	<input type="text" value="Select a Relationship"/>
Password	<input type="button" value="Update"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>	
Log Out		

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Next is the *Doctor Information*.



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**Doctor Information**  
Please enter contact information for your primary doctor below. This information is only required if you do NOT use the military service.

Family Home Page	Name	<input type="text"/>
Sponsor	Phone	<input type="text"/>
Spouse	<input type="button" value="Update"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>	
Address		
Employment		
Emergency Contact		
Stateside Contact		
Doctor		
Edit Student		
Add New Student		
Forms		
Password		
Log Out		

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Next is the *Student Information*.

The screenshot shows the 'Student Information' form in the DoDDS-E Online system. The header includes the DoDDS-E Online logo and the text 'Your first step... PRE-REGISTRATION in registering your child with the DoDDS-Europe School System'. A navigation menu on the left lists options like 'Family Home Page', 'Sponsor', 'Spouse', 'Address', 'Employment', 'Emergency Contact', 'Stateside Contact', 'Doctor', 'Edit Student', 'Add New Student', 'Forms', 'Password', and 'Log Out'. The form fields include: Student Status (Not Registered), \*Legal First Name (Jesse), Legal Middle Name, \*Legal Last Name (Rodman), Generation (None), Preferred Name or Nick Name, Email Address, \*Gender (Male), \*Race (White selected), \*Ethnicity (Non-Hispanic or Latino), \*Birth Date (1 January 1990), \*Social Security # (555550001), Citizenship (Select a country), Sponsor Relationship to Student (Select a Relationship), and Spouse Relationship to Student (Select a Relationship). Buttons for 'Save and Continue', 'Reset', and 'Cancel' are at the bottom.

Next is the **Add New Student** page.

The screenshot shows the 'Add New Student' form in the DoDDS-E Online system. The header and navigation menu are identical to the previous screenshot. The form fields include: Student Status (Not Registered), \*Legal First Name, Legal Middle Name, \*Legal Last Name, Generation (None), Preferred Name or Nick Name, Email Address, \*Gender (Select a gender), \*Race (None selected), \*Ethnicity (Select an Ethnicity), \*Birth Date (1 January, Select a Year), \*Social Security #, Citizenship (Select a country), Sponsor Relationship to Student (Select a Relationship), and Spouse Relationship to Student (Select a Relationship). Buttons for 'Save and Continue', 'Reset', and 'Cancel' are at the bottom.

Next is the **Forms** page. All forms for all students can be printed out or selected students or forms can be selected and printed out.

- Family Home Page
- Sponsor
- Spouse
- Address
- Employment
- Emergency Contact
- Stateside Contact
- Doctor
- Edit Student
- Add New Student
- Forms
- Password
- Log Out

**Create Forms for Rodman family**

Created as PDF documents for all pre-registered students grouped by school.

All forms for all students.  
 Student Registration.  
 Verification of Civilian Employment.  
 Confirmation of Status (Dependent Children).  
 Registration Questionnaire.  
 Select students and forms below.

Student Name	Form Name
Jesse Rodman	<input type="checkbox"/> Race/Ethnicity Questionnaire (600A)
	<input type="checkbox"/> Certificate of Immunizations (DS122.1)
	<input type="checkbox"/> School Health Record (DS120.1)
	<input type="checkbox"/> Internet Access Agreement
	<input type="checkbox"/> Publicity Permission
	<input type="checkbox"/> Special Education Services Information
	<input type="checkbox"/> Request for Student Records
	<input type="checkbox"/> Medication During School Day
	<input type="checkbox"/> Chronological Record of Medical Care
	<input type="button" value="Reset"/>

Once the registrar has reviewed the sponsor-submitted data, a customized email message will be automatically sent to sponsor, stating that the registrar has reviewed the data, itemized the future steps the sponsor should take, and listed the documents they should bring to the school for confirmation of registration.

Here is a sample of the email message the sponsor will receive.

From: onlineregna@eu.oddedea.edu	Sent: Fri 3/4/2005 8:44 AM
To: jm.rodman@eu.dodea.edu	
Cc:	
Subject: DODEA Pre-Registration for student: Jesse Rodman	

Thank you for pre-registering with DoDDS-E. This students information has been submitted to Ansbach High School.

PLEASE NOTE this is only Pre-Registration. You still need to visit the school to complete the Registration process.

You will need to bring the following documents with you:

- Copy of Orders
- Health Record
- Immunizations
- Previous School Records
- Transcripts
- Proof of Age for Early Childhood Students

You will be notified at this email address when that step must be taken.

When the sponsor arrives at the school, the registrar will retrieve the printed forms and the sponsor signs the forms, or the sponsor can print the forms out at home and bring them to the registrar when they go to the school to pre-register.

The **Registration form**, form 600 will automatically be propagated.

<b>DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION</b>	<b>INSTRUCTIONS</b> 1. Completed by Sponsor 2. Print (Ink) or type all entries. 3. Leave shaded areas blank. 4. See supplemental sheet for assistance.
<b>PRIVACY ACT STATEMENT</b>	
<b>AUTHORITY:</b> 10 USC 2164, 20 USC 921	
<b>PRINCIPAL PURPOSE(S):</b> 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.	
<b>ROUTINE USE(S):</b> 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.	
<b>DISCLOSURE:</b> Voluntary. Disclosure of the Social Security Number will expedite the registration process.	

**SECTION I – STUDENT INFORMATION**

1a. Student Number 555-55-0001	b. Student Legal Name (Last, First, Middle) Rodman, Jesse		c. Preferred Name
d. Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	e. Home Phone 988-7865	f. Student SSN / Unique ID 555-55-0001	g. Student Grade First Grade
h. Birth Date (MMDDYYYY) Jan011990	i. Field Trip Permission Y    N	j. Sponsor Relationship	k. Employer Type Code ?:Missing
l. Citizenship	m. Home Language Survey Completed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	n. Computer/Internet Permission Y    N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y    N	r. Local Use

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

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

Here is a sample of the *Registration* form 600a.

**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: Jesse Rodman 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. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**NOT Hispanic or Latino.**

**RACE (Mark one or more)**

\_\_\_\_\_ **A – 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.

\_\_\_\_\_ **B – 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.

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

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

\_\_\_\_\_ **F – 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 SURVEY (Yes or No, and Mark Language)**

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

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

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

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

What was the first language your child learned?

\_\_\_\_\_ English (E) \_\_\_\_\_ Another Language (A) \_\_\_\_\_ Both English and Another Language (B)

Language(s) Learned: \_\_\_\_\_



Here is a sample of the *Health Record* form.

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS SCHOOL HEALTH RECORD					
INSTRUCTIONS: 1. ANNUALLY COMPLETED BY SPONSOR/PARENT 2. PRINT ALL ENTRIES 3. CHECK (?) ALL CONDITIONS THAT APPLY					
Student # 555-55-0001 Birth Date: Jan 1, 1990	STUDENT'S NAME Last Rodman First Jesse MI			CHECK Female <input type="checkbox"/> Male <input checked="" type="checkbox"/>	<input type="checkbox"/>
HEALTH HISTORY					
VISUAL DEFECT	?	COMMENTS	CARDIOVASCULAR	?	COMMENTS
WEARS GLASSES	<input type="checkbox"/>		SICKLE CELL ANEMIA	<input type="checkbox"/>	
CONTACTS	<input type="checkbox"/>		CONGENITAL HEART	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		RHEUMATOID HEART	<input type="checkbox"/>	
MULTIPLE	<input type="checkbox"/>		HEART MURMUR		
HEARING DEFECT	?	COMMENTS	NO RESTRICTIONS	<input type="checkbox"/>	
MILD LOSS			RESTRICTION	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		LEUKEMIA	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		MULTIPLE	<input type="checkbox"/>	
MODERATE LOSS			RESPIRATORY	?	COMMENTS
BOTH	<input type="checkbox"/>		ASTHMA	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		BRONCHITIS	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		CYSTIC FIBROSIS	<input type="checkbox"/>	
SEVERE LOSS			OTHER	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		MULTIPLE	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		DERMATOLOGY	?	COMMENTS
LEFT	<input type="checkbox"/>		ACNE	<input type="checkbox"/>	
WEARS AID			ECZEMA	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		PSORIASIS	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		MULTIPLE	<input type="checkbox"/>	
TUBES IN EAR(S)	<input type="checkbox"/>	DATE: AFF. EAR:	ENDOCRINE	?	COMMENTS
EAR INFECTIONS	<input type="checkbox"/>		DIABETES	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		HYPERTHYROID	<input type="checkbox"/>	
MULTIPLE	<input type="checkbox"/>		HYPOTHYROID	<input type="checkbox"/>	
ALLERGIES	?	ANA KIT:	OTHER	<input type="checkbox"/>	
BEE STING	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MUSCULOSKELETAL	?	COMMENTS
DRUG	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	OSTEOARTHRITIS	<input type="checkbox"/>	
FOOD	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	RHEUMATOID ARTHRITIS	<input type="checkbox"/>	
INSECT BITES	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MUSCULAR DYSTROPHY	<input type="checkbox"/>	
HAYFEVER	<input type="checkbox"/>		OSGOOD-SCHLATTER	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		SCOLIOSIS	<input type="checkbox"/>	
MULTIPLE	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
<b>CONTINUE ON REVERSE SIDE</b>					

DSPA Form 120.1 REVISED (MAY'00) Previous Edition Obsolete (EDUC/BW)

Here is a sample of the *Special Education* form.

SPECIAL RESOURCE PROGRAM			
Child Find			
Student Name:	Rodman, Jesse		Grade: First Grade
Sponsor's Name:	Last: Rodman	First: Jim	MI: P
Rank: Mr	Home Phone: 988-7865	Duty Phone: 338-7777	
Cell Phone: 0171-334-6878	Email 1: jim.rodman@eu.dodea.edu	Email 2:	
Please indicate in the table below what previous experiences your student has had in the current and earlier years:			
Program or Services	No	Yes	Dates this service was provided:
Reading Improvement			
Remedial Math			
English as a Second Language			
Chapter 1 or Title I			
Gifted Education Class			
School Psychologist or Counselor			
Other			
<b>Special Education Area</b>			
Learning Disability			
Visually Impaired			
Hearing Impaired			
Physical Therapy			
Occupational therapy			
Speech/Language Therapy			
Physically Impaired			
Intellectual Deficit			
Emotional Impaired			
Other			
Students in special education services have an Individual Educational Plan (IEP). Did your child have an active IEP at the previous school? Yes No			
Sponsor's Signature:			

Here is a sample of the *Student Records* form.

REQUEST FOR STUDENT RECORDS			DATE:		
<b>PRIVACY ACT NOTICE</b>					
<p>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.</p>					
TO: <i>Previous School</i>			FROM: <i>New School</i>	La Maddalena Elementary/Middle School	
NAME OF STUDENT(S)			DATE OF BIRTH	ATTENDED YOUR SCHOOL	
Last Name	First Name	MI	Mo/Day/Yr	Withdrawal Date	Last Grade
Rodman, Jesse			01/01/1990		
<p>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.</p> <p>In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974 (and for DoDDS-A schools, the DoDDS-A Policy Statement for the Collections, Maintenance, and dissemination of Pupil Records, dated 16 September 1974), listed below is the written authorization for release of records and files for the above named student(s) to the school shown above.</p>					
I, (Sponsor) _____ Rodman, Jim P _____, 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 <small>(School Personnel)</small>			Signature		
DSA 105 (Nov 89) Previous editions are obsolete and will not be used.					

**E2. ENCLOSURE 2  
DODEA FORM 6600.1-F2**

<b>DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS</b>	
<b>PRIVACY ACT STATEMENT</b>	
<p><b>AUTHORITY:</b> 10 U.S.C. 2164 and 20 U.S.C.921-932, authorizing DoD Directive 1342.20, "DoD Education Activity" (1992), authorizing DoD Education Activity Administrative instruction 6600.1 (2004).  <b>PRINCIPAL PURPOSE(S):</b> The information on this form is used to authorize an individual student to use government-owned computer resources in accordance with, and subject to enforcement provisions of, DoD and DoDEA policies governing computer and Internet usage.  <b>ROUTINE USE(S):</b> Disclosure of germane information contained in this form with the Department of Defense is authorized upon a demonstrated "need to know" to perform an official duty. Routine disclosure of relevant and necessary information is authorized to agencies outside of the DoD by DoD Privacy Act Systems Notices, which may be found at <a href="http://www.defenselink.mil/privacy/notices/osd/">http://www.defenselink.mil/privacy/notices/osd/</a>. Records are maintained at the school level in student records for the duration of the student's enrollment.  <b>DISCLOSURE:</b> Voluntary; however, no individual is permitted to use DoDEA-controlled computer resources until they have signed this statement indicating agreement to use such equipment only in accordance with the DoDEA Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students.</p>	
<b>1. INDIVIDUAL INFORMATION (Please print or type)</b>	
a. NAME (Last, first, middle initial) Rodman, Jesse	b. PARENT/GUARDIAN Rodman, Jim P
c. SCHOOL La Maddalena Elementary/Middle School	d. TEACHER/GRADE
<b>2. AGREEMENT</b>	
<p>I, (print name) <u>Rodman, Jesse</u>, have received instruction in the appropriate use of DoDEA Information Technology resources; I have read and understood the Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students (attachment 1) and I agree to abide by them. If I violate the Terms and Conditions, I understand that I may lose all access privileges on the DoDEA network and, furthermore, may be subject to school disciplinary and/or appropriate legal actions.</p>	
a. STUDENT SIGNATURE	b. DATE (YYYYMMDD)
<b>3. PARENT OR GUARDIAN (If student is under the age of 18, a parent or guardian must also read and sign this agreement.)</b>	
<p>I, (print name) <u>Rodman, Jim P</u>, have read the Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students (attachment 1). I understand that my child must abide by these Terms and Conditions. I understand that if my child violates these standards, he/she may lose all access privileges on the DoDEA network and may be subject to school disciplinary and/or appropriate legal actions. I understand that computer and network access is being provided for educational purposes.</p>	
a. PARENT OR GUARDIAN SIGNATURE	b. DATE (YYYYMMDD)

Here is a sample of the Registration Questionnaire form.

DoDDS - EUROPE  
REGISTRATION QUESTIONNAIRE  
SPONSOR CATEGORY FOR SCHOOL YEAR 2006 /2007

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

NAME OF STUDENT(s): Rodman, Jesse \_\_\_\_\_  
 NAME OF STUDENT(s): \_\_\_\_\_  
 NAME OF STUDENT(s): \_\_\_\_\_

CODE	DESCRIPTION	DOCUMENTATION REQUIRED (REGISTRAR CIRCLE ITEMS PROVIDED)
<b>CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION FREE - SPACE REQUIRED)</b>		
1A	ARMY	B or B + C or D or E
1B	NAVY	B or B + C or D or E
1C	MARINES	B or B + C or D or E
1D	AIR FORCE	B or B + C or D or E
1E	U.S. COAST GUARD	B or B + C or D or E
1F	Full Time DOD US Citizen/National Civilian	B or B + C or D + N or M
1J	Full Time NAFI US Citizen/National Civilian	B or B + C or D + N or M
<b>CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION PAYING - SPACE REQUIRED)</b>		
1G	MAP + FMS (AGENCY PAYS)	B or B + C or D or E
<b>CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION PAYING - SPACE GUARANTEED)</b>		
1H	US CONTRACTORS (TUITION PAYING)	A + N
<b>CATEGORY 2. FEDERALLY CONNECTED (FC) PERSONNEL - (TUITION PAYING - SPACE AVAILABLE)</b>		
2A	U.S. GOVERNMENT (Example: State DEPT, FAA, GAO, US CIVILIAN NATO, ETC.)	B or B + D or N or M
2B	PART TIME NAFI	D + N or M
2C	U.S. INTEREST (Example: Red Cross, Boy/Girl Scouts, NEW USO Active Duty TDY, NG/Reservist activated less than 180 Days, Part time Appropriated Funds employees)	D or G + N or M (Reservist G + N)
2D	FOREIGN SERVICE (Foreign DoD Member serving with NATO, UN, ETC.)	I
<b>CATEGORY 3. NON-COMMAND-SPONSORED DoD - (TUITION FREE - SPACE AVAILABLE)</b>		
3A	ARMY	B + N or M
3B	NAVY	B + N or M
3C	MARINES	B + N or M
3D	AIR FORCE	B + N or M
3E	U.S. COAST GUARD	B + N or M
3F	APF or NAFI sponsors living apart from family overseas	B or D + N or M
3G	SPECIAL CASE (Activated NG/Reservist for 180 Days or more, previously enrolled USO students, other Secretary of Defense Waivers)	P
3P	NIS/PPF	I + K
<b>CATEGORY 4. OTHER NON-FEDERALLY CONNECTED - (TUITION PAYING - SPACE AVAILABLE)</b>		
4A	U.S. CITIZEN (PL99-145)	J + Q
4B	FOREIGN NATIONAL (PL99-145)	J + Q
4C	OTHER U.S. CITIZEN (Retired Military or US Tourist)	J
4D	OTHER FOREIGN NATIONAL (Host Nation Civilians)	J + Q

I VERIFY THAT THE CATEGORY CODE AND DOCUMENTATION PROVIDED IS CORRECT  
 \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF SPONSOR or SPOUSE  
 DSE FORM 910-R (Revised SEP05) Chg2 NOTED  
 (REGISTRAR INITIAL)

Here is a sample of the Confirmation of Status form.

**CONFIRMATION OF STATUS  
(DEPENDENT CHILDREN)**

**Purpose:**

**Today's date:** \_\_\_\_\_

The information on this form is required to determine the eligibility status of the dependent(s) of the sponsor listed, and is being requested by that sponsor. Failure to provide this information may result in the dependent(s) being denied enrollment in DoDDS schools. Please complete the identifying information below. Your Personnel Office should then complete the applicable sections A and/or B, and both Sponsor and Personnel Officer verify by signature below.

**SPONSOR** Rodman, Jim P **SSN** 555-55-0000 **GRADE** GS 12

**UNIT OF ASSIGNMENT:** \_\_\_\_\_

**ASSIGNMENT ORDERS, DATE AND ISSUING HQ:** \_\_\_\_\_

**DATE OF TOUR CONCLUSION PER ABOVE ORDERS:** 200903

**SECTION A: DEPENDENT CHILDREN**

The above-cited orders do not reflect transportation of the following individual(s) claimed as dependent(s) by the above sponsor:

**NAME:** Rodman, Jesse **BIRTH DATE:** Jan 01, 1990

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

As Personnel Officer for the above individual, I certify that the dependent(s) listed is (are) authorized transportation to and/or from the sponsor's location of assignment at U.S. Government expense but were not listed on the above orders because: \_\_\_\_\_

**SECTION B: LENGTH OF TOUR**

The above-cited orders do not reflect that the sponsor's tour has been extended to cover the current school year enrollment period. As Personnel Officer for the above individual, I certify that this sponsor's tour has been extended until \_\_\_\_\_. Documentation to demonstrate this approved extension is attached. This information was not reflected on amended orders because: \_\_\_\_\_

\_\_\_\_\_  
**REQUESTING SPONSOR'S SIGNATURE**

\_\_\_\_\_  
**INSTALLATION MILITARY PERSONNEL OFFICER'S  
PRINTED NAME & SIGNATURE**

338-7777

\_\_\_\_\_  
**SPONSORS DUTY PHONE NUMBER**

\_\_\_\_\_  
**Personnel Officer's Duty Phone number**

Here is an example of the **Verification of Civilian Employment** form.

**Verification of Civilian Employment**

*School Year:* \_\_\_\_\_

RETURN TO: \_\_\_\_\_ Attn: Office of the Registrar

Name of school

**The Certification date of this form must be on or NLT 48 hours after the start of the current school year and cannot be post dated**

EMPLOYEE'S NAME: Rodman, Jim P SSN: 555-55-0000  
Please print Last, First, MI

DSN Telephone number 338-7777 Home Tel# 988-7865

REQUESTING EMPLOYEE OR SPOUSE SIGNATURE: \_\_\_\_\_

STUDENT NAME/GRADE: Rodman, Jesse / First Grade

STUDENT NAME/GRADE: \_\_\_\_\_

STUDENT NAME/GRADE: \_\_\_\_\_

STUDENT NAME/GRADE: \_\_\_\_\_

**TO BE COMPLETED BY THE CIVILIAN PERSONNEL OFFICER:**

The employee listed above is a US Citizen/Green Card bearer, full-time DoD civilian paid with appropriated or nonappropriated funds.

Yes  No

Employee CONUS hire:

Yes  No

Employee who are locally hired effective date of employment \_\_\_\_\_

Overseas Tour Expiration Date: \_\_\_\_\_

Note : If the overseas tour of duty is indefinite a new form is required to support enrollment at the start of every school year.

**CERTIFICATION SECTION**

**To be completed by the Civilian Personnel Office:**

I have reviewed this employee's status and certify to the correctness of the above statement.

Typed Civilian Personnel Officer, Grade and Title                      Signature                      Date

Contact Phone Number: \_\_\_\_\_

*Form may be used to verify employment in the absence of an SF50, verification of DEROS for the current school year.*

DSE FORM 802 (Aug 2006)



Here is an example of **Medication During School Day Permission** form.

La Maddalena Elementary/Middle School  
Office of the School Nurse

DATE: \_\_\_\_\_

**MEMORANDUM FOR:** Parents/Sponsor of Rodman, Jesse

**SUBJECT:** Student Use of Medication during the School Day

The school nurse accommodates parent requests for medication (to include prescription, non-prescription, 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, the attached form **MUST** be provided to the school signed by the **parent** and a **physician**.

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 \_\_\_\_\_ if you have any further concerns.

*Insert school nurse name and phone*

\_\_\_\_\_  
Rodman, Jim P, Mr



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