

# 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

April 2, 2008

# 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?" to its left) and "Create your user account" (with "Are you new to DoDDS-E Registration?" to its left). A "PLEASE NOTE!" section follows, stating "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 your user 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 follows, stating "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. If a sponsor does not have a social security number, they must stop the online process and contact the school directly.

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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 has students new to DoDDS-E and have 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. If the sponsor does not have a SSN, they must register at the school and should not continue with the online pre-registration process.

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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:

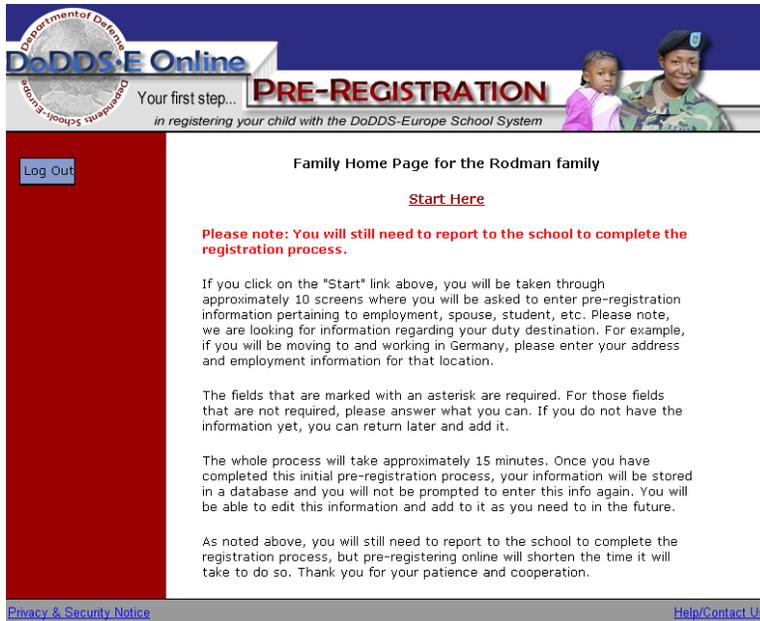
\* - indicates a required field

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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.

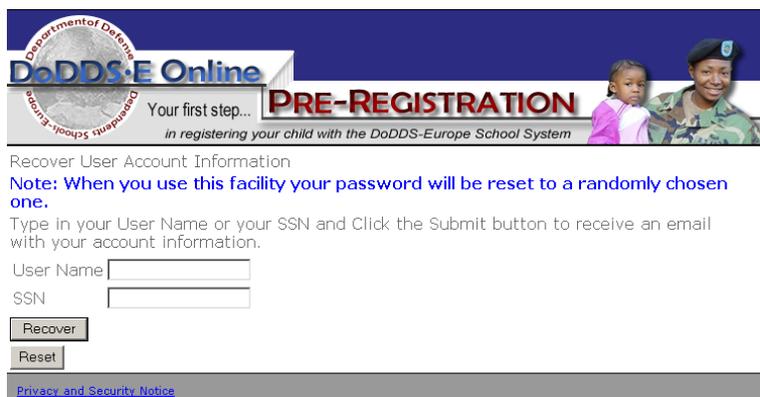


Once logged in, this screen appears. Please read the instructions and click on **Start Here**.



## 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.

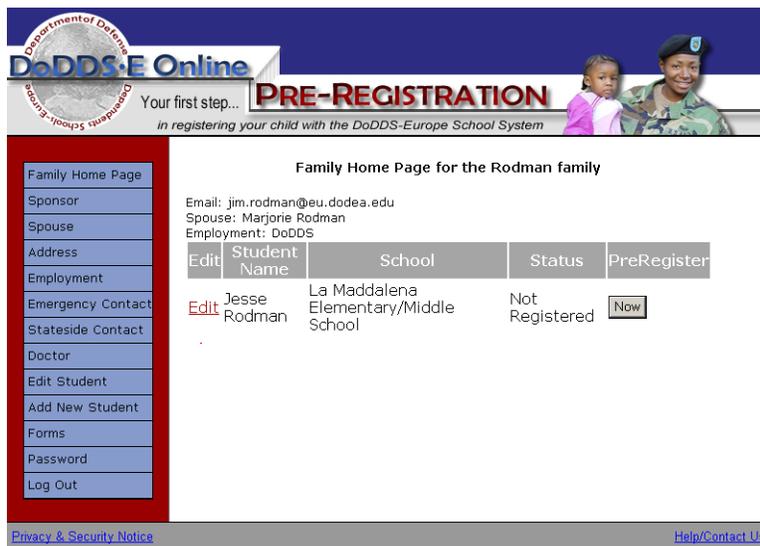


Clicking the Recover button will produce this screen.

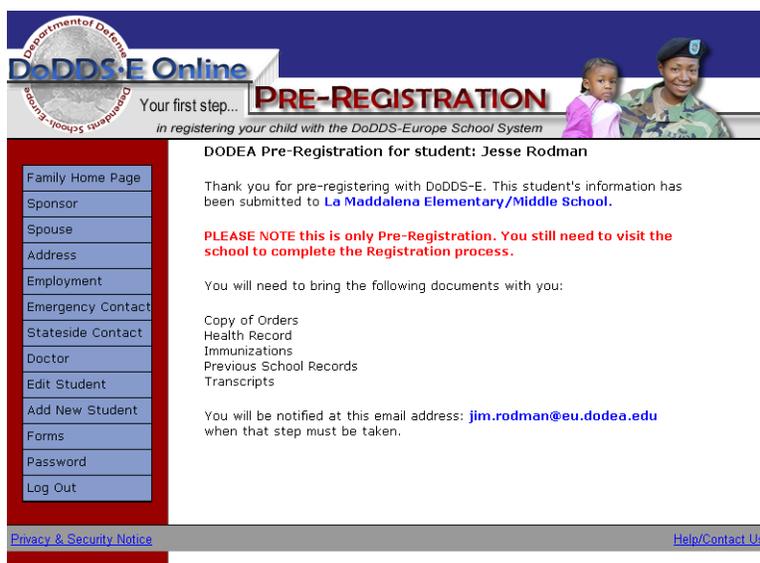


### OPTION 3

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**  
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**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**.

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**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.

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

**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

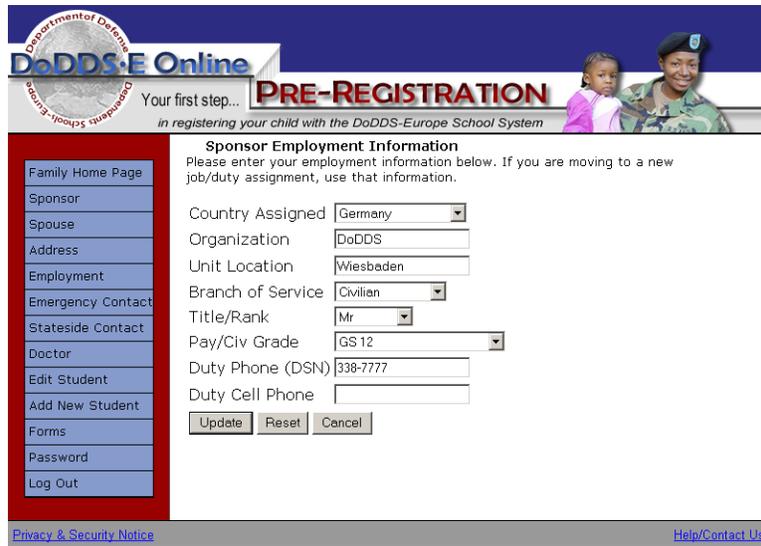
Address Line 2

City

Zip / Postal Code

Country

Next is the *Employment Information*.



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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

Organization

Unit Location

Branch of Service

Title/Rank

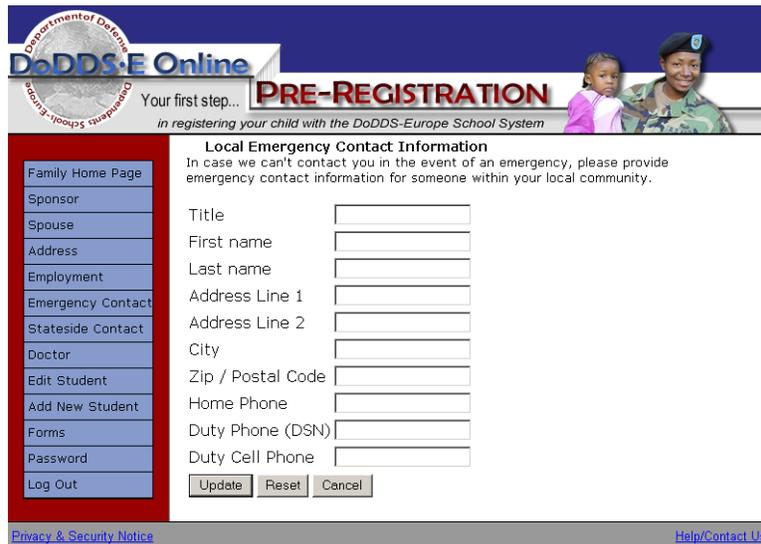
Pay/Civ Grade

Duty Phone (DSN)

Duty Cell Phone

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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

First name

Last name

Address Line 1

Address Line 2

City

Zip / Postal Code

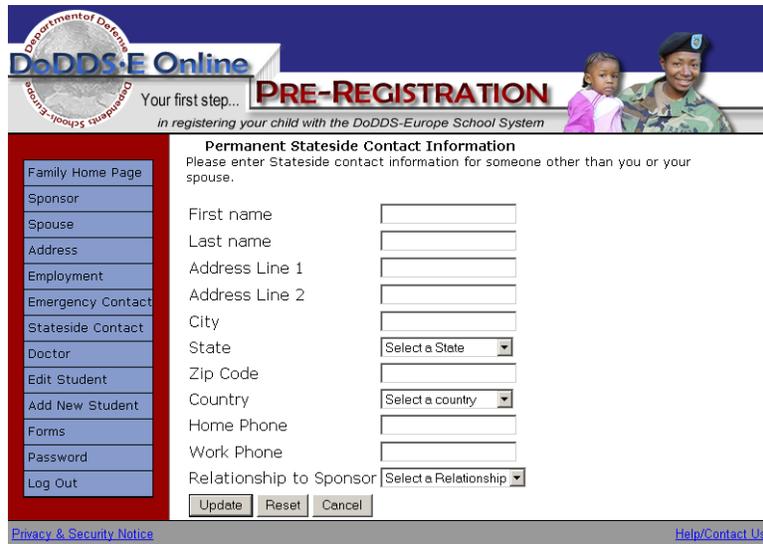
Home Phone

Duty Phone (DSN)

Duty Cell Phone

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Next is the *Permanent Stateside Contact Information*.



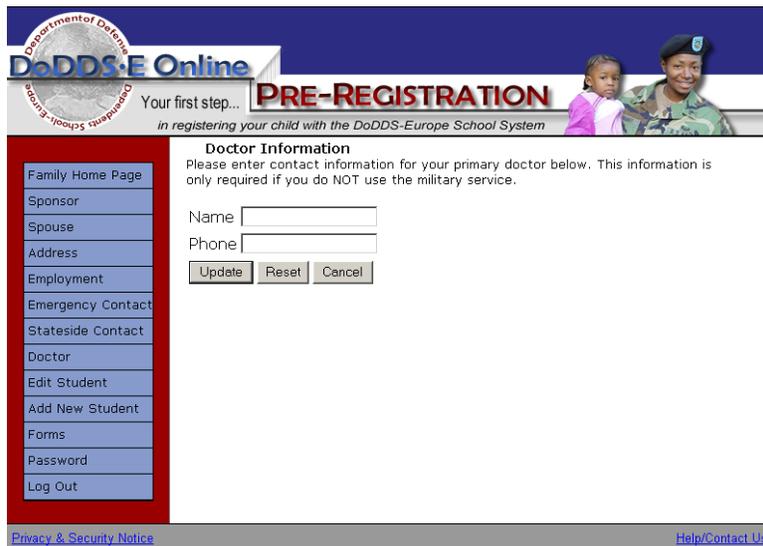
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**Permanent Stateside Contact Information**  
Please enter Stateside contact information for someone other than you or your spouse.

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		
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		
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**. If the student does not have a social security number, registration must be done at the school where the registrar will assign a student number.

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**Student Information**

Student Status: [Not Registered](#)

\* Legal First Name:

Legal Middle Name:

\* Legal Last Name:

Generation:

Preferred Name or Nick Name:

Email Address:

\* Gender:

American Indian or Alaskan Native  
 Asian  
 Black/African American  
 Hawaiian or other Pacific Islander  
 White

\* Ethnicity:

\* Birth Date:

\* Social Security #:

Citizenship:

Sponsor Relationship to Student:

Spouse Relationship to Student:

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Next is the **Add New Student** page, to be used for additional siblings.

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**Student Information**

Student Status: [Not Registered](#)

\* Legal First Name:

Legal Middle Name:

\* Legal Last Name:

Generation:

Preferred Name or Nick Name:

Email Address:

\* Gender:

American Indian or Alaskan Native  
 Asian  
 Black/African American  
 Hawaiian or other Pacific Islander  
 White

\* Ethnicity:

\* Birth Date:

\* Social Security #:

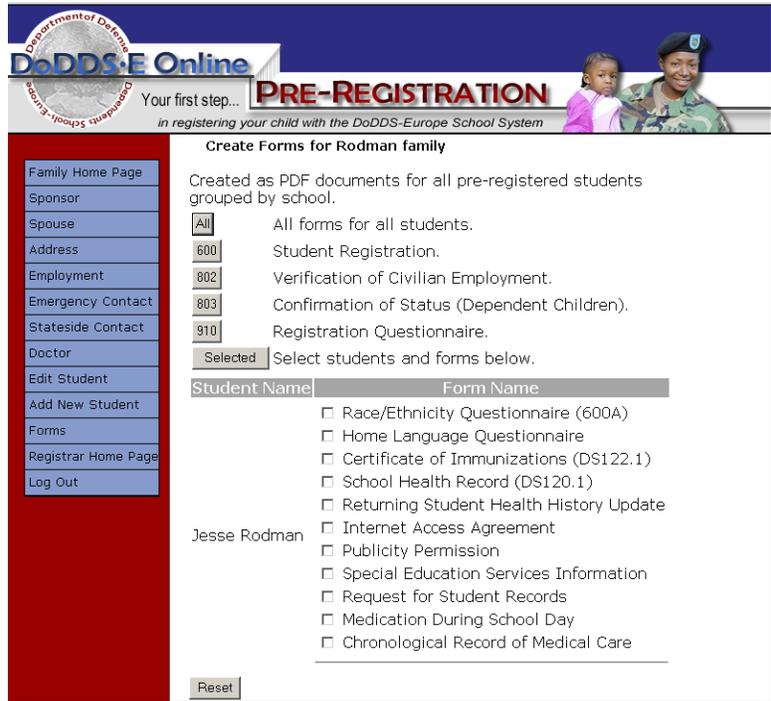
Citizenship:

Sponsor Relationship to Student:

Spouse Relationship to Student:

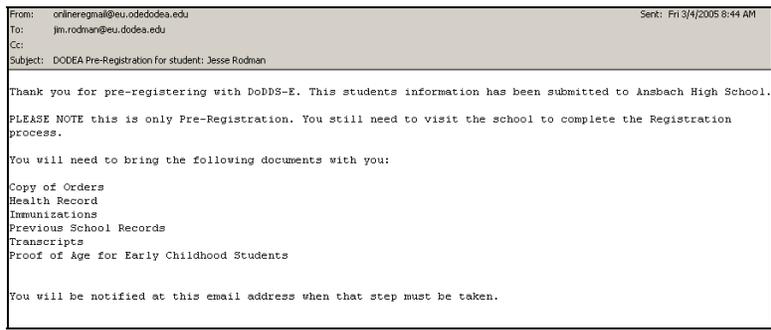
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Next is the **Forms** page. All forms for all students can be printed out or selected students or forms can be selected and printed out. The forms at the top, the 600, 802,803 and 910 will be printed out for all students in the family. The forms at the bottom will only be printed out for the individual student listed on the left-hand side.



Once the registrar has reviewed the sponsor-submitted data, a customized email message will be automatically sent to the 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.



When the sponsor arrives at the school, the registrar will retrieve the printed forms and the sponsor signs the forms

The **Registration 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	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	

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.

<b>Department of Defense Education Activity Questionnaire for Race/Ethnicity and Home Language</b>
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: _____
<b>PLEASE ANSWER ALL SECTIONS</b>
<b>ETHNICITY (Mark one)</b>
<input type="checkbox"/> <b>Hispanic or Latino.</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> <b>NOT Hispanic or Latino.</b>
<b>RACE (Mark one or more)</b>
<input type="checkbox"/> <b>American Indian or Alaska Native.</b> 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.
<input type="checkbox"/> <b>Asian.</b> 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.
<input type="checkbox"/> <b>Black or African American.</b> A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> <b>White.</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<b>HOME LANGUAGE (Yes or No)</b>
1. Does an adult in the household speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the child you are registering speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to either question number 1 or number 2 is "yes," please complete the Home language Questionnaire.

DoDEA Form 600A (April 2007)

(Previous Forms Obsolete)

Here is an example of the Home Language Questionnaire.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
ESL Home Language Questionnaire

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

THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

1. What language is commonly spoken in your home?  
\_\_\_ English \_\_\_ Another Language (Please specify) \_\_\_\_\_
2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)  
\_\_\_ No \_\_\_ Yes If yes: What language is spoken? \_\_\_\_\_
3. What language did your child use when he/she first began to talk?  
\_\_\_ English \_\_\_ Another Language (Please specify) \_\_\_\_\_
4. Has your child attended English-speaking schools?  
\_\_\_ No \_\_\_ Yes If yes: How many years? \_\_\_\_\_
5. What language does your child read and/or write?  
\_\_\_ English \_\_\_ Another Language (Please specify) \_\_\_\_\_
6. What language do you most often use when speaking with your child?  
\_\_\_ English \_\_\_ Another Language (Please specify) \_\_\_\_\_
7. What language does your child use most often when speaking to you?  
\_\_\_ English \_\_\_ Another Language (Please specify) \_\_\_\_\_
8. If your child is cared for by another person on a regular basis, what language is most often used?  
\_\_\_ English \_\_\_ Another Language (Please specify) \_\_\_\_\_
9. Do you as a parent need to communicate with the school in a language other than English?  
\_\_\_ No \_\_\_ Yes If yes, in what language? \_\_\_\_\_

Continued on the next page

DoDEA ESL Program Guide Form F4, October 2006

Here is a sample of the four-page *Immunization* form.

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
IMMUNIZATION REQUIREMENTS**

PRIVACY ACT STATEMENT				
<p><b>AUTHORITY:</b> 10 U.S.C. 113, 126, 2164 and 20 U.S.C. 921-932; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a.</p> <p><b>PRINCIPAL PURPOSE:</b> The information may be used within the Department of Defense (DoD) to determine what immunizations have been administered for purposes of determining enrollment eligibility and for use in preserving school health.</p> <p><b>ROUTINES USE(S):</b> The Department of Defense Education Activity (DoDEA) may release information without prior consent with the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a(b). 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 <a href="http://www.defenselink.mil/privacy/notice/oss">http://www.defenselink.mil/privacy/notice/oss</a>, for example, for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.</p> <p><b>DISCLOSURE:</b> 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.</p>				

Students who enroll in DoDEA schools **MUST** meet specific immunization requirements. These requirements, displayed below, represent the minimum requirement and do not necessarily reflect the optimal immunization status for a student. This copy of the DoDEA Immunization Requirements is provided to parents for informational purposes. This form does not need to be completed by medical authority. However, some type of medical proof of immunization must be completed by medical authority and provided to school officials at the time of initial registration. This form may be used by medical officials if so desired. If this form is used by medical officials, page 4 must be completed.

STUDENT:		Date of Birth (MM/DD/YY):		
IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DoD REQUIREMENTS *
Diphtheria, Tetanus, Pertussis e.g., DTP, DtaP, DTwP, DT, DtaP-Hib, DtaP-HepB-IPV, Tdap, Td	#1			<p>Four (4) doses. At least one dose must be administered <u>after</u> the 4<sup>th</sup> birthday.</p> <p><b>*ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>The usual schedule is a primary series of 4 doses at 2m, 4m, 6m, and 15-18m of age.</li> <li>If the fourth dose of DT, DTP or DTaP is administered before the fourth birthday, a booster (fifth) dose is recommended at 4-6 years of age (5<sup>th</sup>).</li> </ul> <p><b>Td or Tdap booster doses:</b> A single Tdap booster dose is recommended for children 11-12 years old, if 5 years elapsed since the last dose; then boost every 10 years with Td (5<sup>th</sup>).</p>
	#2			
	#3			
	#4			
	#5 <sup>a</sup>			
Hepatitis A e.g., HepA	#1			<p>Two (2) doses.</p> <p><b>ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>HepA is recommended for all children at 1 year of age.</li> <li>The two doses in the series should be administered at least 6 months apart.</li> </ul>
	#2			

DoDEA Form 2942.0-M-F1, August 2006

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**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
IMMUNIZATION REQUIREMENTS**

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DoD REQUIREMENTS *
Hepatitis B e.g., HepB, Hib-HepB, DTaP-HepB-IPV	#1			<p>Three (3) doses.</p> <p><b>ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>The standard schedule is 0, 1 and 6 months.</li> <li>The first dose is recommended shortly after birth, with the second dose administered at age 1 to 2 months. The third dose should be administered at age <math>\geq</math> 24 weeks.</li> <li>Merck's Recombivax-HB brand of HepB vaccine can be given as a 2-dose series for adolescents 11 to 15 years of age.</li> </ul> <p><b>Catch-up schedule:</b></p> <ul style="list-style-type: none"> <li>3-dose series may be started at any age.</li> <li>Minimum spacing for children and teens: 4 weeks between dose 1 and dose 2, and 8 weeks between dose 2 and dose 3.</li> </ul>
	#2			
	#3			
Haemophilus influenzae type b e.g., Hib, Hib-HepB, DtaP-Hib	#1			<p>Two (2) to four (4) doses.</p> <p><b>ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>Primary immunization occurs at 2m, 4m, 6m, and 12m to 15m (booster dose).</li> <li>For Merck's PedvaxHIB brand of Hib vaccine, 3 doses are needed (2, 4, and 12-15m).</li> </ul> <p><b>Catch-up schedule:</b></p> <ul style="list-style-type: none"> <li>If dose 1 is given at 12-14m, give a booster dose 8 weeks later.</li> <li>Unvaccinated children from the ages of 15m up to 5 years need only 1 dose.</li> </ul> <p>Hib is not routinely given to children 5 years old and older.</p>
	#2			
	#3			
	#4			
Polio e.g., IPV, DTaP-HepB-IPV Note: Oral Polio Vaccine (OPV) counts for immunization requirements, but is no longer distributed in the U.S.	#1			<p>Three (3) doses. At least one dose must be administered <u>after</u> the 4<sup>th</sup> birthday.</p> <p><b>ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>Usual schedule is a primary series of 4 doses at 2m, 4m, 6-18m, and 4-6 years of age.</li> <li>All doses should be separated by at least 4 weeks.</li> <li>If dose 3 is given after the 4<sup>th</sup> birthday, dose 4 is not needed.</li> </ul>
	#2			
	#3			
	#4			
Meningococcal				<p><b>ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>Meningococcal vaccine (MCV4). Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11-12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated.</li> <li>All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative.</li> <li>Vaccination against invasive meningococcal disease is recommended for children and adolescents aged <math>\geq</math> 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see <i>MMWR</i> 2005;54 [RR-7]:1-21); use MPSV4 for children aged 2-10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.</li> </ul>

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**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
IMMUNIZATION REQUIREMENTS**

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DoD REQUIREMENTS *
Measles, Mumps, Rubella e.g., MMR, MMRV	#1			Two (2) doses. <b>ACIP Recommendation:</b> <ul style="list-style-type: none"> <li>Dose 1 is given at 12-15m of age.</li> <li>Dose 2 is recommended routinely at age 4-6 years, but may be administered at any visit if 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months.</li> <li>Those who have not previously received the second dose should complete the schedule by age 11-12 years.</li> </ul>
	#2			
PPD TB tine/monovac	Date of last test:	No Vaccination Required	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative  ____ mm induration	Tuberculosis (TB) testing recommended. Frequency determined by local medical command.  If positive, date of chest X-ray: ____/____/____  Chest X-ray Results: _____  Date isoniazid (INH) treatment started: ____/____/____  Date INH treatment completed: ____/____/____
Varicella e.g. Var, MMRV	#1			
	#2			
	History of naturally acquired chickenpox		Date:	
<b>Notes</b> * Advisory Committee on Immunization Practices (ACIP). † The fifth dose is not required if the fourth dose was given on or after the fourth birthday. ‡ Second dose required only in susceptible people 13 years old or older. * The standard and catch-up pediatric and adolescent immunization schedules adopted by the CDC are posted at <a href="http://www.cdc.gov/nip/recs/child-schedule-color-print.pdf">www.cdc.gov/nip/recs/child-schedule-color-print.pdf</a> and <a href="http://www.cdc.gov/nip/recs/adult-schedule.pdf">www.cdc.gov/nip/recs/adult-schedule.pdf</a> .				

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**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
CERTIFICATE OF IMMUNIZATION**

STUDENT: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Immunization records for the student named above have been reviewed at \_\_\_\_\_ Location of Clinic \_\_\_\_\_

I certify that the minimum immunization requirements have been completed and/or initiated.

Immunizations are current until \_\_\_\_\_ when immunization(s) is/are due.

Signature and Stamp of Medical Authority \_\_\_\_\_ Date \_\_\_\_\_

A request for an immunization waiver for medical reasons must be supported by official documents from a medical authority and provided to the school at the time of registration. I certify that the minimum immunization requirements have been waived.

Immunization(s): \_\_\_\_\_ Reason: \_\_\_\_\_

Waiver Duration: \_\_\_\_\_  
Signature and Stamp of Medical Authority \_\_\_\_\_ Date \_\_\_\_\_

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

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT HEALTH HISTORY					
<b>INSTRUCTIONS: SPONSOR/PARENT/GUARDIAN READ CAREFULLY AND CHECK (✓) ALL CONDITIONS THAT APPLY TO YOUR CHILD.</b>					
Student # _____ Grade _____	STUDENT'S NAME (Print) LAST FIRST MI _____			CHECK: Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth: _____ mo day yr
HEALTH HISTORY					
VISUAL DEFECT	COMMENTS	CARDIOVASCULAR	COMMENTS	COMMENTS	
WEARS GLASSES <input type="checkbox"/>	<input type="checkbox"/> For Reading ONLY	SICKLE CELL DISORDER <input type="checkbox"/>			
CONTACTS <input type="checkbox"/>		ANEMIA <input type="checkbox"/>			
COLOR DEFICIENCY <input type="checkbox"/>		CONGENITAL HEART <input type="checkbox"/>			
OTHER <input type="checkbox"/>		RHEUMATOID HEART <input type="checkbox"/>			
HEARING DEFECT <input checked="" type="checkbox"/>		HEART MURMUR <input type="checkbox"/>			
EAR INFECTIONS Frequency: _____	Last Date: _____	RESTRICTIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		Explain: _____	
TUBE IN EAR(S) Left <input type="checkbox"/> Right <input type="checkbox"/>	Date of insertion: _____	OTHER <input type="checkbox"/>			
HEARING LOSS <input checked="" type="checkbox"/>		RESPIRATORY <input checked="" type="checkbox"/>			
MILD Left <input type="checkbox"/> Right <input type="checkbox"/>	Date Diagnosis: _____	ASTHMA Date of Diagnosis: _____		Labels needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	
MODERATE Left <input type="checkbox"/> Right <input type="checkbox"/>	Date Diagnosis: _____	BRONCHITIS <input type="checkbox"/>			
SEVERE Left <input type="checkbox"/> Right <input type="checkbox"/>	Date Diagnosis: _____	CYSTIC FIBROSIS <input type="checkbox"/>			
HEARING AID(S) Left <input type="checkbox"/> Right <input type="checkbox"/>	Date: _____	TUBERCULOSIS Date of Diagnosis: _____		Type of Treatment: _____ Date of Treatment: _____	
CONGENITAL EAR DEFECT Left <input type="checkbox"/> Right <input type="checkbox"/>		NOSEBLEEDS <input type="checkbox"/>		Frequency: _____	
ALLERGIES <input checked="" type="checkbox"/>	ANA kit Required <input type="checkbox"/>	SINUSITIS <input type="checkbox"/>		Frequency: _____	
BEE STING <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	DERMATOLOGY <input checked="" type="checkbox"/>			
FOOD (SPECIFY) <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	PROBLEMS WITH BODY PIERCING/TATTOOS <input type="checkbox"/>			
DRUG (SPECIFY) <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	FEVER BLISTERS <input type="checkbox"/>			
ENVIRONMENTAL <input type="checkbox"/>		COLD SORES <input type="checkbox"/>			
SEASONAL <input type="checkbox"/>		CONTACT DERMATITIS <input type="checkbox"/>			
LACTOSE INTOLERANCE <input type="checkbox"/>		ACNE <input type="checkbox"/>			
ENDOCRINE <input checked="" type="checkbox"/>		ECZEMA <input type="checkbox"/>			
DIABETES Date Diagnosed: _____	Labels needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	DANDRUFF <input type="checkbox"/>			
HYPERGLYCEMIC <input type="checkbox"/>		TINEA (RINGWORM) Body <input type="checkbox"/> Head <input type="checkbox"/> Feet <input type="checkbox"/>			
HYPOGLYCEMIC <input type="checkbox"/>		MUSCULOSKELETAL <input checked="" type="checkbox"/>			
THYROID DISORDER <input type="checkbox"/>		ARTHRITIS <input type="checkbox"/>			
PARASITES (HISTORY OF) <input checked="" type="checkbox"/>		MUSCULAR DYSTROPHY <input type="checkbox"/>			
MALARIA <input type="checkbox"/>		HISTORY OF FRACTURE <input type="checkbox"/>		Date: _____	
PNWORMS <input type="checkbox"/>		Explain: _____			
SCABIES <input type="checkbox"/>		SCOLIOSIS <input type="checkbox"/>		Date Diagnosed: _____	
HEAD LICE <input type="checkbox"/>		DEFORMITY Explain: _____			
		HEKMA <input type="checkbox"/>			
		OSGOOD-SCHLATTER <input type="checkbox"/>			
<b>CONTINUE ON REVERSE SIDE</b>					

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Previous Edition Obsolete

STUDENT HEALTH HISTORY – CONTINUED				
NEUROLOGY	COMMENTS	GASTROINTESTINAL/ GENITOURINARY	COMMENTS	COMMENTS
CEREBRAL PALSY <input type="checkbox"/>		BLADDER CONTROL PROBLEMS Explain: _____		
SEIZURE DISORDER <input type="checkbox"/>	Date of last seizure: _____ Medication needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	URINARY TRACT INFECTION Explain Frequency: _____		Date of last infection: _____
MIGRAINE Specify Frequency: _____	Date of last migraine: _____ Medication needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	BOWEL CONTROL PROBLEMS Explain: _____		
SPINA BIFIDA <input type="checkbox"/>		DENTAL <input checked="" type="checkbox"/>		
SLEEP DISORDER <input type="checkbox"/>		BRACES <input type="checkbox"/>		
HEADACHES Specify Frequency: _____		CAVITIES: Date of last Dental Exam: _____		
PSYCHIATRIC <input checked="" type="checkbox"/>		CANKER SORES <input type="checkbox"/>		
ATTENTION DEFICIT (HYPERACTIVITY) DISORDER ADD/ADHD <input type="checkbox"/>	Date of Diagnosis: _____ Medication needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	NUTRITION METABOLIC <input checked="" type="checkbox"/>		
DEPRESSION Date Diagnosed: _____	Medication needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	NUTRITIONAL PROBLEMS Explain: _____		
AUTISM <input type="checkbox"/>		OVERWEIGHT/OBESE <input type="checkbox"/>		
SUICIDAL History of <input type="checkbox"/>	Date: _____	POOR APPETITE <input type="checkbox"/>		
SUBSTANCE ABUSE History of <input type="checkbox"/>	Circle: Drugs, Alcohol, Tobacco, and/or Inhalants Date: _____	MISCELLANEOUS <input checked="" type="checkbox"/>		
ANOREXIA <input type="checkbox"/>		THUMB/SUCKING <input type="checkbox"/>		
BULIMIA <input type="checkbox"/>		MOTION SICKNESS <input type="checkbox"/>		
<b>MEDICATION AND HOSPITALIZATION</b>				
DOES YOUR CHILD NEED TO TAKE DAILY MEDICATIONS AT SCHOOL? A medication during school hours form MUST be signed by a physician and a parent and MUST accompany prescribed medications. All medications taken at school MUST be maintained and administered from the health office under school personnel supervision. SPECIFY ALL CURRENT MEDICATIONS (to include medications taken at home):			YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments
HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason: Date: _____ Length of Hospitalization: _____ SPECIFY REASON: _____ mo/day/yr.			YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments
SPACE BELOW FOR PARENT TO PROVIDE ADDITIONAL INFORMATION CONCERNING OTHER MEDICAL CONDITIONS. (PLEASE PRINT)				
<b>PRIVACY ACT NOTICE</b>				
AUTHORITY: Sections 113, 136 and 2164 of title 10, and 921-092 of title 20 of the United States Code. PRINCIPAL PURPOSE: To protect student's health for learning. ROUTINE USE(S): Disclosures are authorized by 5 U.S.C. 552(b) of the Privacy Act within DoD and outside DoD as a routine use pursuant to DoD Request Routine Use set forth at <a href="http://dmd.defense.gov/privacy/annual-report">http://dmd.defense.gov/privacy/annual-report</a> , referred to by U.S.C. 552(a)(5) DUKES/OLRB. Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.				
Parent/Sponsor's Signature: _____				Date: _____

DoDEA Form 2942.0 0-M-F1, August 2006

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Previous Edition Obsolete

Here is an example of the Returning Student Health History Update.

**Office of the School Nurse**

**Returning Student Health History Up-date  
2007/08 SY**

Student Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Please check appropriate lines.

**NO**      **YES**

\_\_\_\_\_ 1. Any changes in health status since last year's registration?  
If **YES**, list below:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 2. Does your child take any medication at home or at school?  
If **YES**, please list meds and reason for taking below.  
\_\_\_\_\_  
\_\_\_\_\_

**In order for school personnel to administer medications during school hours, a "Medication During School Hours" form, signed by the attending physician and the student's parents *MUST* be provided to the school nurse. The medications must be brought to the school nurse 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, frequency and date issued. The date of the prescription needs to be within the current school year. This must be done **NEW** for every school year. Last year's permissions are null and void.**

\_\_\_\_\_ 3. Is there any health condition that the nurse should be aware of?  
If **YES**, list below:  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent or Guardian)

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

SPECIAL RESOURCE PROGRAM Child Find			
Student Name:			Grade: <input type="text"/>
Sponsor's Name:	Last: <input type="text"/>	First: <input type="text"/>	MI: <input type="text"/>
Rank: <input type="text"/>	Home Phone: <input type="text"/>	Duty Phone: <input type="text"/>	
Cell Phone: <input type="text"/>	Email 1: <input type="text"/>	Email 2: <input type="text"/>	
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 1			
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>			
NAME OF STUDENT(S)			DATE OF BIRTH	ATTENDED YOUR SCHOOL	
Last Name	First Name	MI	Mo/Day/Yr	Withdrawal Date	Last Grade
<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) _____, 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.					

**E1. ENCLOSURE 1  
DODEA FORM 6600.1-F1**

<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).</p> <p><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.</p> <p><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.</p> <p><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)	b. PARENT/GUARDIAN
c. SCHOOL	d. TEACHER/GRADE
<b>2. AGREEMENT</b>	
<p>I, (print name) _____, have received instruction in the appropriate use of DoDEA Information Technology resources; I have read and understood the Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students (attachment 1) and I agree to abide by them. If I violate the Terms and Conditions, I understand that I may lose all access privileges on the DoDEA network and, furthermore, may be subject to school disciplinary and/or appropriate legal actions.</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) _____, 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)

DoDEA FORM 6600.1-F1, JUN 2004

Here is a sample of the Registration Questionnaire form 910.

DoDDs - EUROPE  
REGISTRATION QUESTIONNAIRE  
SPONSOR CATEGORY FOR SCHOOL YEAR 2008/2009

This questionnaire is to be used during the registration process to determine the appropriate category of the pupil's sponsor, and to enter the data into the Student Information System (SIS). This form in itself does not grant eligibility. Please check/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 1000.1 (Space available eligibility requirements for education of minor dependents in the overseas are, APRIL 04, 2006) and Category 1G, 1H, 2 & 4 is also required to receive the Tuition payment procedure letter.

NAME OF STUDENT(s): \_\_\_\_\_  
NAME OF STUDENT(s): \_\_\_\_\_  
NAME OF STUDENT(s): \_\_\_\_\_

CODE	DESCRIPTION	DOCUMENTATION REQUIRED
<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-CREATED)</b>		
1H	US CONTRACTORS (TUITION PAYING)	A + N or M
<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 and Part time Appropriated Funds Employees	D + N or M
2C	U.S. INTEREST (Example: Red Cross, Boy/Girl Scouts, USO Active Duty TDY, NG/Reservist activated less than 180 Days	D or G + N or M (Reservist G + N or M)
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	Permanently assigned ARMY & NG/Reservist activated 180 days or more*	B + N or M
3B	Permanently assigned NAVY & NG/Reservist activated 180 days or more*	B + N or M
3C	Permanently assigned MARINES & NG/Reservist activated 180 days or more*	B + N or M
3D	Permanently assigned AIR FORCE & NG/Reservist activated 180 days or more*	B + N or M
3E	Permanently assigned US Coast Guard & NG/Reservist activated 180 days or more*	B + N or M (Reservist G + N or M)
3F	APF sponsors living apart from family overseas	B or D + N or M
3G	SPECIAL CASE (Category 1A-G + 1J sponsors who transfers, dies or retires after the start of the current school year, previously enrolled New USQ students, other Secretary of Defense Waivers)	P
3J	NAFI sponsors living apart from family overseas	B or D + N or M
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 Citizens)	J + Q

I VERIFY THAT THE CATEGORY CODE AND DOCUMENTATION PROVIDED IS CORRECT

\_\_\_\_\_  
SIGNATURE OF SPONSOR or SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(REGISTRAR INITIAL)

DSE FORM 910-R (Revised MAR08) - chg1 10Mar08

## DSE 910- R (Registration Questionnaire documentation information)

### DOCUMENTATION NEEDED TO VERIFY SPONSOR CATEGORY (IAW DoDEA DIRECTIVE 1342.13)

- A. US Government Contractors-Logistical support section of the employees contract Providing DoD Schooling or DOCPER Technical Expert Status Accreditation (TESA) Agreement memorandum or DD1172-2 (Common Access ID Card Application) issued by DOCPER or copy of either the employees Contractor's ID Card or spouses ID card
- B. Sponsor's PCS orders listing family members. US Citizen NATO – Documentation that identifies the Sponsor as a US Citizen serving with other Allied Forces.
- C. Orders for Designated Location Move (DLM) of Dependents listing family members
- D. DSE form 803 Confirmation of Status (MILITARY) validated by the Installation Military Personnel Office or DSE 802 Appropriated/Non Appropriated funds US Civilian Verification form or other employment Documentation from the servicing Human Resource/Civilian Personnel Office Validating employment Overseas. All USO Employees need documentation from the servicing Human Resource/Civilian Personnel Office validating employment overseas.
- E. Approved Command Sponsorship listing student(s) Issued by the Installation Military Personnel office or Civilian/Human Resource Office.
- F. Death Certificate and/or Documentation showing sponsor died while entitled to Active Duty Pay or compensation or eligible within a 1-Year period.
- G. CONUS base Active duty US Military/DOD Civilians TDY orders. *National Guard/Reservist orders reflecting Activation.*
- H. Proof of Custody/guardianship or wardship at sponsor's death or birth certificate with the deceased sponsor as one of the biological parents and proof that the surviving spouse of child has a specific relationship to the overseas Country (presence of family, Citizenship or relationship)
- I. Documentation, which identifies the Sponsor as a Foreign DoD Member serving with the Allied Forces.
- J. \*Passport
- K. Approval of the Position as PFP or NIS from the National Military Representative (NMR), or *Allied Joint Force Command HQ Brunssum Memo or US Embassy approval Ankara for NIS billets.*
- L. TAMP ID CARD AND DOCUMENTATION (SEE \* BELOW)
- M. In Loco Parentis (ILP) Documentation: Court Order granting Adoption, Guardianship, Custody or Wardship, ILP Affidavit (DSE801-R) and DoDDS-Europe approval (See \*\* below). Family Care Plan Determinations (CONUS Base single parent, dual military deployments in support of Operation Iraqi/Enduring Freedom) – Memorandum from Unit Commander or first O6 in the chain of command requesting exception to policy for enrollment of deployed family members, deployment order reflecting the number of days deployed (this can also be included in the exception to policy memo), portion of the Family Care Plan reflecting a person who resides in an overseas location as the Family Care Provider (FCP). Power of Attorney granting the FCP the right to act on behalf of the deployed sponsor(s), when an emergency arises at the school. DoDDS-E approval prior to enrollment.
- N. \*\*Birth Certificate reflecting biological connection between the child and sponsor. If the child is biologically connected to the spouse a copy of the marriage and birth certificate is required. If neither are connected no enrollment without DoDDS-E approval. Student ID card - Please ensure that the correct sponsor name is on the student ID Card
- O. Installation pass granting access from the local Installation Commander Office
- P. Category 3G; Special case; Death of sponsor while entitled to Active Duty pay or Civilian compensation or eligible within a 1-Year period (need documentation listed in block "F" and "H" above to support enrollment.

Explanation: of Category 3P: Partnership for Peace (PIP) program currently in DoDDS; SHAPE, Brussels EHS, AFNORTH ES/HS, and Naples ES/HS. The Newly Independent Nations Waiver (NIS) is applicable at Ankara ES/HS.

\* For the applicability of documentation for code "L" (listed above) refer to the relevant category section (either category 1 or 3) in the current Student Eligibility and Enrollment Data Handbook.

\*\* All requests for In Loco Parentis enrollments (Code "M & N" above) must be submitted to the Eligibility POC at DoDDS-E for determination before the student(s) can attend.

Here is a sample of the **Confirmation of Status** form 803.

**CONFIRMATION OF MILITARY OVERSEAS STATUS  
OF FAMILY MEMBERS AND SPONSORS TOUR LENGTHS**

**Purpose:** Today's date: \_\_\_\_\_  
The information on this form is required to determine the eligibility status of the below listed dependent(s), and or the sponsor's current DEROS date. Failure to provide this information may result in the dependent(s) being denied enrollment in DoDDS schools. The Unit/Rear Detachment Commander or Installation Military Personnel Office/Flight/Detachment must complete the applicable sections A and/or B below and sign the form in order to use it to support enrollment.

SPONSOR NAME (LAST, FIRST, MI) \_\_\_\_\_ GRADE \_\_\_\_\_

SPONSORS DSN TELEPHONE NUMBER: \_\_\_\_\_

SPONSORS EMAIL ADDRESS: \_\_\_\_\_

**COMPLETED BY THE UNIT/REAR DETACHMENT COMMANDER OR  
INSTALLATION MILITARY PERSONNEL OFFICE/FLIGHT/DETACHMENT:**

**SECTION A: Command sponsored dependent children information not listed on  
the sponsor's current PCS orders:**

STUDENT NAME (Last, First, Mi) & BIRTH DATE \_\_\_\_\_ STUDENT NAME (Last, First, Mi) & BIRTH DATE \_\_\_\_\_

STUDENT NAME (Last, First, Mi) & BIRTH DATE \_\_\_\_\_ STUDENT NAME (Last, First, Mi) & BIRTH DATE \_\_\_\_\_

STUDENT NAME (Last, First, Mi) & BIRTH DATE \_\_\_\_\_ STUDENT NAME (Last, First, Mi) & BIRTH DATE \_\_\_\_\_

Date Command sponsorship approved: \_\_\_\_\_

**SECTION B: DEROS Date:** \_\_\_\_\_

Date current DEROS extension approved \_\_\_\_\_

As Unit/Rear Detachment Commander or Installation Military Personnel Office/Flight/Detachment I certify that the dependent(s) listed is (are) authorized transportation to and/or from the sponsor's location of assignment at U.S. Government expense and is authorized a housing allowance at the with dependent rate for the listed student(s). I also confirm that the DEROS listed above is supported by an approved extension.

\_\_\_\_\_  
Signature Date Signed

\_\_\_\_\_  
Grade printed name (last, First, Mi) DSN Telephone Number

Email address: \_\_\_\_\_

DSE FORM 803 (REV MAR2005) - Chg. 1

Here is an example of the **Verification of Civilian Employment** form 802.

**Verification of Civilian Employment**

*Effective School Year: 2008/2009*

EMPLOYEE'S NAME: \_\_\_\_\_ LAST 4 SSN: \_\_\_\_\_  
Please print Last, First, MI  
DSN Telephone number \_\_\_\_\_ Email address \_\_\_\_\_  
REQUESTING EMPLOYEE OR SPOUSE SIGNATURE: \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYEES CIVILIAN PERSONNEL OFFICE ONLY:**

The employee listed above is a US Citizen/Green Card bearer? Yes  No

DoD civilian paid with Appropriated fund? Yes  No  Employed full time? Yes  No

DoD civilian paid with Nonappropriated fund? Yes  No  Employed full time? Y  N

Employee CONUS hire or receiving CONUS hire entitlements (LQA w/dependent + Civilian Transportation Agreement for the current position) Yes  No

Employees who are locally hired effective date of employment: \_\_\_\_\_

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

*Note: If the overseas tour of duty is indefinite or if the sponsor is a local hire a new form is required to support enrollment on or NLT 48 hours after the first day of attendance.*

*CONUS hires without indefinite DEROS can turn the form into the school during enrollment with a copy of the PCS order originally sending the sponsor overseas or last RAT orders.*

\_\_\_\_\_  
(Printed Name (Last, First Mi) of CPO/HRO/CPAC/DoDDS District HRO representative) and Signature

\_\_\_\_\_  
Contact DSN phone number and email address

\_\_\_\_\_  
Date Form certified

**Note: By signing and dating this form you are certifying that the listed information is valid. The form cannot be post dated or certification date purposely left blank. Violation of this policy will directly result in the suspension of educational services being provided to the listed student(s).**

**TO BE COMPLETED BY \_\_\_\_\_ SCHOOL PERSONNEL ONLY**

\_\_\_\_\_  
School name

\_\_\_\_\_  
Student Name: Last, First, Mi

DSE FORM 802 (March 2008) chg 1 effective 14Mar08

Here is an example of the Publicity Permission Form.

**Publicity Permission Form**  
**Department of Defense Dependents Schools — Europe**  
Office of the Director, Public Affairs

*Within the Department of Defense Dependents Schools - Europe, there are many opportunities to celebrate the achievements and activities of our districts, schools, students, staff and community members. The Information Age has provided additional mediums to publish our accomplishments, showcase our educational programs and services, and strengthen two-way communication among our publics. While television and print publications have been traditional ways of getting information to our publics, we now have the added benefit of the Internet.*

*With regard to the Internet, the DoDDS-E official website follows the goals, guidelines and policies for responsible and safe Internet publication practices set forth by the Deputy Secretary of Defense and the DoDEA Web Publishing Guide.*

*In order for DoDDS-E to include a student, staff member or community member in printed publications, television, multi-media or the Internet, permission is needed.*

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**The following is provided for your review and signature**

I give permission for my child's name, image, and/or student work products to be utilized in various media forms including: newsletters, DoDDS web sites (images only), DoDDS print and video productions, military community publications, military affiliated publications (Stars & Stripes), military affiliated electronic media (AFN/AFRTS), public media (local, host nation, U.S. national newspapers, magazines, television), and future types of media.

Please indicate whether you approve or disapprove by signing below.

<div style="background-color: #e0e0ff; height: 15px; width: 100%;"></div> <p>Printed name of student</p>	APPROVE	_____
		Signature of child's parent/guardian
	DISAPPROVE	_____
		Signature of child's parent/guardian
	DATE	_____
		Today's date

This form is applicable for the duration of your child's attendance at this school and will remain permanently in the student's file. You may review and update this form at any time

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

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, 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*

\_\_\_\_\_



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