

SECTION IV - STUDENT INFORMATION

1.a. LEGAL LAST NAME <i>(Include Jr./Sr./II)</i>		b. LEGAL FIRST NAME		c. LEGAL MIDDLE NAME		d. PREFERRED FIRST NAME	
2. STUDENT GRADE		3. GENDER <i>(X one)</i> <input type="checkbox"/> M <input type="checkbox"/> F		4. DATE OF BIRTH <i>(YYYYMMDD)</i>		5. STUDENT ETHNICITY: HISPANIC OR LATINO <i>(X one)</i> <input type="checkbox"/> Y <input type="checkbox"/> N	
6. STUDENT RACE <i>(X all that apply)</i> <input type="checkbox"/> a. American Indian or Alaska Native <input type="checkbox"/> c. Black or African American <input type="checkbox"/> e. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> b. Asian <input type="checkbox"/> d. White							
7. STUDENT CELL PHONE <i>(Include Area Code)</i>		8. STUDENT EMAIL ADDRESS <i>(May be assigned by school)</i>			9. PASSPORT NUMBER <i>(H.S. only)</i>		10. PASSPORT EXPIRATION DATE <i>(YYYYMMDD)</i>
11. DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH IN THE HOME? <i>(X one) (If Yes, what language?)</i> <input type="checkbox"/> Y <input type="checkbox"/> N				12. IS THERE AN ADULT WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH? <i>(X one) (If Yes, what language?)</i> <input type="checkbox"/> Y <input type="checkbox"/> N		13. WHAT IS THE HOME LANGUAGE?	

SECTION V - STUDENT HEALTH INFORMATION

The information for physical and medical facility is for use in an emergency. Other information is collected to ensure compliance with immunization requirements and provide staff with the student's medical background.

1. PHYSICIAN OR MEDICAL FACILITY NAME		2. PHYSICIAN OR MEDICAL FACILITY TELEPHONE NUMBER <i>(Include Area Code or DSN)</i>	
3. FOR NEW STUDENT: I have provided school officials with the DoDEA Form 2942.0-M-F1, "DoDEA Student Health History." <input type="checkbox"/> Y <input type="checkbox"/> N			
4. FOR RETURNING STUDENT: I have provided school officials with the DoDEA Form 2942.0-M-F2, "DoDEA Returning Student Health History." <input type="checkbox"/> Y <input type="checkbox"/> N			
5. IMMUNIZATIONS <i>(Only for new student) (X and initial)</i> <input type="checkbox"/> I have provided or <input type="checkbox"/> will provide a copy of the Immunization Record as soon as possible to meet the provision allowing 30-calendar day grace period to obtain required immunizations.			
6. OTHER CONCERNS			
7. DOES THE STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? <i>(X one)</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>(If Yes, specify:)</i>			

SECTION VI - VERIFICATION

1. I AM REGISTERING _____ <i>(how many)</i> STUDENT(S).	
2. I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.	
a. SIGNATURE OF SPONSOR/SPOUSE/LEGAL GUARDIAN	b. DATE (YYYYMMDD)

SECTION VII - FINAL DETERMINATION

The final determination for placement of a child in a DoDEA school is the responsibility of DoDEA. You may be provided the opportunity to personally explain, refute, or clarify any information before a final decision is made.

SECTION VIII - SCHOOL USE

1. STUDENT NUMBER		2. STUDENT GRADE		3. ENROLLMENT CODE		4. SCHOOL CODE (DODAAC)	
5. SCHOOL NAME					6. FIRST DAY STUDENT STARTS SCHOOL <i>(YYYYMMDD)</i>		
7. ORDERS ON FILE/VERIFIED <i>(X one)</i> <input type="checkbox"/> Y <input type="checkbox"/> N				8. BIRTH DATE VERIFIED <i>(Birth Certificate or Passport for Pre-Kindergarten, Sure Start, Kindergarten, First Grade)</i> <input type="checkbox"/> Y <input type="checkbox"/> N			
9. I verify that the information is correct.							
a. SIGNATURE OF REGISTRAR						b. DATE (YYYYMMDD)	

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION
SY _____ / _____**

OMB No. 0704-0495
OMB approval expires
Mar 31, 2016

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0495). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE(S): To obtain information necessary to enroll students, administer school operations, and protect student health and welfare in DoD operated dependent educational programs. Completed forms are covered by the DoDEA Dependent Children's School Program Files SORN located at <http://privacy.defense.gov/notices/DODEA26.shtml>.

ROUTINE USE(S): To Federal, State and local government officials to protect health and safety in the event of emergencies. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml also apply to this collection.

DISCLOSURE: Voluntary; however, failure to disclose the information collected on this form may delay and/or prevent the enrollment of a child and/or the delivery of educational and emergency services.

This form is completed by the **sponsor**, who is a parent, spouse, or a legal guardian, to request enrollment of his/her dependent(s) at a DoDEA school. A **dependent** is a minor individual who has not completed secondary schooling and who is the child, stepchild, adopted child, ward or spouse of the sponsor. The information collected is used internally to determine the student's eligibility to enroll on a tuition-free or tuition-paying basis, and whether the student is space-required or space-available. It is also used to ensure that DoDEA makes available the appropriate classrooms, staffing, and supportive educational services, places students in the appropriate grade, identifies students with special needs, and to ensure compliance with laws protecting student rights.

SECTION I - SPONSOR INFORMATION

1. TITLE (<i>Rank/Mr./Mrs.</i>)	2.a. SPONSOR LAST NAME	b. SPONSOR FIRST NAME	c. SPONSOR MIDDLE NAME	3. RELATIONSHIP TO STUDENT
4. TELEPHONE NUMBERS (<i>Include Area Code or DSN</i>)			5. EMAIL ADDRESS	
a. HOME	b. DUTY/WORK	c. CELL		
6. ORGANIZATION			7. PAY GRADE (<i>E-1/O-1/GS-1</i>)	8. ROTATION/DEPARTURE DATE (<i>YYYYMMDD</i>)
9. ORGANIZATION MILITARY INSTALLATION/CITY/COUNTRY				
10. MAILING ADDRESS (<i>e.g., Local/APO/FPO</i>) (Required)			11. PHYSICAL QUARTERS (<i>Street, City, etc.</i>) (Enter only if different from mailing address)	

SECTION II - SPONSOR'S SPOUSE INFORMATION

1. TITLE	2.a. SPOUSE LAST NAME	b. SPOUSE FIRST NAME	c. SPOUSE MIDDLE NAME	3. RELATIONSHIP TO STUDENT
4. TELEPHONE NUMBERS (<i>Include Area Code or DSN</i>)			5. EMAIL ADDRESS	
a. HOME (<i>If different</i>)	b. DUTY/WORK	c. CELL		
6. ORGANIZATION MILITARY INSTALLATION/CITY/COUNTRY				

SECTION III - FIRST LOCAL EMERGENCY CONTACT AND RELEASE INFORMATION

The person identified will be contacted if there is an emergency and the sponsor/spouse/legal guardian cannot be contacted. I permit the dependent that I am registering with this form to be released to the emergency contact identified in this section if I or my spouse are not available.

1. LAST NAME (<i>Not sponsor or spouse</i>)	2. FIRST NAME	3. TITLE	4. RELATIONSHIP TO STUDENT
5. HOME TELEPHONE	6. DUTY/WORK TELEPHONE	7. CELL PHONE	

SECTION IIIA - SECOND LOCAL EMERGENCY CONTACT AND RELEASE INFORMATION

The person identified will be contacted if there is an emergency and the sponsor/spouse/legal guardian or the first local emergency contact cannot be contacted. I permit the dependent that I am registering with this form to be released to the emergency contact identified in this section if I or my spouse are not available.

1. LAST NAME (<i>Not sponsor or spouse</i>)	2. FIRST NAME	3. TITLE	4. RELATIONSHIP TO STUDENT
5. HOME TELEPHONE	6. DUTY/WORK TELEPHONE	7. CELL PHONE	

SECTION IIIB - PERMANENT STATESIDE EMERGENCY CONTACT INFORMATION

1. LAST NAME	2. FIRST NAME	3. TITLE	4. RELATIONSHIP TO STUDENT
5. HOME TELEPHONE	6. DUTY/WORK TELEPHONE	7. CELL PHONE	

8. PERMANENT STATESIDE ADDRESS

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

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
EDUCATIONAL PRE-SCREENING QUESTIONNAIRE**

STUDENT'S NAME _____ GRADE _____ Male Female

Sponsor's Name _____ Phone: _____ / _____
Duty Home

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164, 20 U.S.C. 921-932; and DoD Directive 1342.20

PRINCIPAL PURPOSE: The information will be used within the Department of Defense (DoD) Education Activity and DoD to determine Educational programs and interventions required to meet individual student needs. This includes programs identified for students receiving gifted education, special education, 504-disability or at risk services.

ROUTINES USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 USC 552a(b)(3) and the DoD "Blanket Routine Uses," described at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices, located at: <http://www.defenselink.mil/privacy/notice/osd>,

DISCLOSURE: Disclosure to the DoD 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.

To better understand the educational needs of your child, please complete and return this in a sealed envelope marked "confidential" to the school principal or protected mail attachment. Sponsors or parents are asked to answer all questions and sign the form.

1. Gifted Education:

- a. Has your child been formally assessed for Gifted Education: Yes No
- b. My child was found eligible: Yes No

2. At Risk Services:

- Did your child attend Sure Start or Head Start? Yes No
- Has your child received remedial reading services? Yes No
- Has your child received remedial math services? Yes No

3. Individual Education Program (IEP):

- a. Has your child been previously assessed: Yes No
- b. My child has an active IEP: Yes No

4. Exceptional Family Member Program (EFMP):

- My child is eligible/enrolled in EFMP Yes No

5. My child previously received educational assistance or accommodations in a 504 Plan (*non-special education assistance*). Yes No

- My child has a 504 Plan: Yes No

Sponsor's Signature

Date (MMDDYYYY)

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

DoDEA FORM 700 – Consents and Authorizations

- INSTRUCTIONS:**
- 1. Completed by Sponsor/Parent or Guardian.**
 - 2. Print (Ink) or type all entries.**
 - 3. One completed form for PK through 8th grade; and/or one completed form for 9th through 12th grade**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932; DoD Directive 1342.20, "Department of Defense Education Activity (DoDEA)," October 19, 2007
 PRINCIPAL PURPOSE: To obtain consent and authorization needed to allow students to participate in school programs and activities and to disclose certain student information, and acknowledgement of the emergency care that may be delivered to a student by DoDEA's officials and health care providers. Information collected on this form is authorized by the DoDEA system of records notice (SORN) number 26, published at <http://dpclo.defense.gov/privacy/SORNs/component/osd/>.
 ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(2-12), the DoD Blanket Routine Uses described at <http://dpclo.defense.gov/privacy/SORNs/component/osd/> and the DoDEA routine uses found in SORN 26.
 DISCLOSURE: Granting the consent and authorization requested by this form is voluntary. However, the failure to complete the form and provide the requested consent/authorization/acknowledgement of notice, may delay or prevent the DoDEA student's enrollment or participation in activities requiring consent or authorization.

Student Last Name	Student First Name	Student ID (School Use Only)
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SECTION I – AUTHORIZATION DESIGNATIONS FOR STUDENTS ENROLLED IN DODEA SCHOOLS
(Applicable only to the dependent student registering with this form)

1. Authorization to Attend Study Trips (i.e., one-day, no overnight DoDEA-funded trips): The undersigned authorizes my student to participate in authorized DoDEA school study trips as initialed below: (Mark the appropriate box)

- All** authorized study trips **Individual:** I request that the school obtain my permission in advance of **each** study trip involving my student.

2. Authorization to Disclose to Media Certain Directory Information and Student Images: The undersigned authorizes DoDEA to disclose to DoD and public news media, DoD sponsored print and/electronic media, including, for example DoD news networks, student newspapers, yearbooks, and similar student publications; DoD or DoDEA approved websites or web services (including social media); DoD and DoDEA brochures, booklets, and video/audio productions, a) my student's media directory information (student name, and/or ID, school, grade level, student e-mail address; image, major field of study, participation in officially recognized activities and sports; weight and height if student is a member of a school athletic team; dates of attendance, degrees, and awards received, the most recent previous educational agency of institution attended by the student; student work products); and b) my student's individual or group images in connection with his/her participation in school sponsored athletic, extracurricular or academic activities, or ceremonies that honor individual student achievements." (Mark the appropriate box)

- Authorize Decline to authorize Disclosure Limited to Yearbook Only

3. Authorization to Disclose School Records to Other Schools: The undersigned authorizes DoDEA to release a copy of my student's official school records to another school to which my student is transferring or has transferred, upon written request from the gaining school, without notifying or providing the undersigned with a copy of the released school records. The undersigned understands that I may opt out of this authorization at any time by furnishing a written notice of my decision to the school principal, subsequent to which the school will not release my student's records to another school without prior written consent.

- Decline to authorize

4. Authorization to Disclose Student Directory Information to Military Recruiters: The undersigned authorizes DoDEA to disclose to U.S. Military recruiters the following recruiter directory information pertaining to my student: age 17 and older or enrolled in the 11th or 12th grade: name, address, and telephone number.

- Decline to authorize

5. Authorization to Participate in Authorized Survey: The undersigned authorizes my student to participate in any survey authorized by DoDEA Headquarters, except that either I or my student may decline to participate in (opt out of) any particular survey. I understand that DoDEA authorizes surveys only after a committee of DoDEA educators has determined that the survey will produce high quality data of use to DoDEA that is not generally available through another means, in accordance with the criteria and rules of DoD Instruction 1100.13, "Surveys of DoD Personnel." Authorized surveys will collect data anonymously. Authorized surveys will not collect data about my student's or my family's health, medical status, mental or psychological condition, or personality. Authorized surveys will explore students' experience with and opinions about DoDEA school programs, participation in the use of various learning technology and equipment, future career or education plans, and satisfaction with or achievement in learning. In the event that a survey falls outside of these parameters, DoDEA will seek additional specific parental consent.

- Decline to authorize

STUDENT NAME:

6. Authorization to Obtain Post Graduate Student Data: The undersigned authorizes DoDEA to obtain information on my student's postsecondary college enrollment. The information gathered from this data will be used to refine the academic programs and the college/career readiness of my student in order to improve postsecondary success.

Decline to authorize

SECTION II - SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENTS

1. Use of DoDEA Internet and Use of Information Technology Resources: The undersigned acknowledges that my student's use of DoDEA Information Technology resources is contingent upon agreement and compliance with the "Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students" (hereafter "Terms and Conditions") and can be found at <http://www.dodea.edu/Offices/Regulations/loader.cfm?csModule=security/getfile&pageid=93099>. The undersigned understands that DoDEA requires parental/guardian signature for all students and student signature for grades 4-12. If my student violates the Terms and Conditions, the undersigned understands that my student may be subject to school disciplinary and/or appropriate legal actions and may lose all access to DoDEA technology resources (which include the privileges of access to DoDEA communications and computer equipment, related software, and services, such as e-mail and Internet access, educational programs and services, and social media). The undersigned understands that the school will exercise reasonable care to prevent my student from accessing undesirable information on the Internet; however, the undersigned is aware that the school may not be able to prevent my student from accessing all such information or on-line communications. By completing DoDEA Form 700A, Internet Agreement and Consent to Use Information Technology Resources, and signing Section IV of this form, the undersigned certifies that he/she has read, understands, and agrees to abide by the Terms and Conditions and to ensure that my child also understands and agrees. The undersigned hereby consents to my student's use of DoDEA's Information Technology resources, in accordance with DoDEA Terms and Conditions.

2. Acknowledgement of Disclosure of Student Information and Data Security: Electronic systems (e.g., computers, communications equipment, software, and web/Internet-based services) are critical to school operations: to student learning, including how to operate responsibly in an electronic age, and for management. Students may access many systems through their school or personal computer (e.g., student email or social media, and web-based educational learning tools). Students lack access to other systems used for management and certain educational activities (e.g., for testing and assessment, education record storage and reporting, and school meal management); although individuals may obtain their personal data in these systems using Privacy Act procedures. Many systems require individual accounts. To establish a student account, DoDEA discloses minimal student directory information necessary (e.g., student name (or a pseudonym), student ID, school, grade level, and student email address). DoDEA instructs students to limit disclosure of personal information through student email or social media, or educational blogs. It evaluates provider adherence to Federal data privacy laws and industry/DoD data security standards and whether access is limited to authorized users required to sign in with a user-created password; data is identified by use of pseudonyms; access to personal data is limited to that within the user's personal account; access to another's personal information is limited to individuals authorized by law or official duties to the minimum data needed to deliver or maintain the services promised, or to fulfill an official duty; it encrypts data, and/or requires data be stored in secured areas or electronic vaults that are accessible only by authorized personnel. Parents play a vital role in educating their children to limit disclosure of personal data and to adhere to school rules.

3. Acknowledgement of Financial Responsibility for Property and Equipment that is Lost, Damaged, Destroyed or Stolen and for Duty to Pay for School Meals: In accordance with the policy of DoD Instruction 5000.64, Accountability and Management of DoD Equipment and Other Accountable Property, as amended, and the basic obligations of public service described in the Standards of Ethical Conduct for the Executive Branch, 5 CFR 2635.101, I acknowledge that I am financially liable for Government-owned or leased property and equipment that is lost, damaged, destroyed, or stolen while that equipment is in my use, custody, or control, or the use, custody, or control of one of my family members. In addition, I am financially obligated to pay the cost of any school meal that is provided to me or to my child. I understand that my financial liability includes the costs, such as attorney fees, interests, and other collections costs, incurred by the Government to collect amounts that I owe the Government. I further understand that the term lost, damaged, destroyed, or stolen, refers to circumstances arising from neglect by me or my family member, and does not apply to circumstances that are beyond my or my family's ordinary care that cause depreciation of value due to ordinary wear and tear. The term "property or equipment" includes school furnishings (such as desks, chairs, classroom supplies and equipment, textbooks, laboratory equipment and supplies, electronic equipment, seats and furnishings on school-provided or funded busses and other school-provided or funded transportation conveyances). I understand that school authorities will notify me when it asserts a claim against me, that I will be given the opportunity to see all evidence supporting the school's assertion of my liability, that I will be afforded the opportunity to present argument and evidence challenging my liability to appropriate authority as prescribed in DoDEA rules and regulations, and that upon a preliminary determination by school authorities of my liability, I can appeal that decision to appropriate authority as specified in DoDEA rules and regulations. However, once I have exhausted my rights under DoDEA regulations, without eliminating the determination of my financial liability, I acknowledge my duty to promptly make payment in full of the amounts due in accordance with DoDEA rules concerning payment. I acknowledge that my failure to make prompt payments may result in the denial of access by me or my family member to school-provided resources, such as computers and electronic equipment, software or textbooks, or school meals, that the school may decline to photocopy my student's academic records or transcripts, and that the fact of my nonpayment may be reported to my command.

STUDENT NAME:

4. **Disclosure of Student Information by Emails to Sponsor/Parent/Guardian:** The undersigned acknowledges that DoDEA may communicate information about my student in official email communication to me and/or my student. The undersigned understands that DoDEA staff exercise care to limit the inclusion of personal student information in such emails, but it cannot guarantee that such communication will not always avoid the inclusion of my student’s personalized information, such as about the student’s health, discipline, or other student educational information. The undersigned further understands that if I object to the use of email communication concerning my student, that I must inform the principal in writing of my desire to receive such communication by alternate means.

SECTION III – EMERGENCY HEALTH CARE NOTICE AND ACKNOWLEDGEMENT

DoDEA will assist a student in the event he or she becomes ill or is injured while engaged in school sponsored activities, including athletic and academic competitions and study trips. The school will follow the procedures identified below, from the administration of first aid through referral to health care providers for necessary treatment. The health care/medical provider may not always be a U.S. licensed medical doctor (physician).

1. School to Administer First Aid: School personnel will administer first aid to my student when needed to treat minor injury or illness.
2. Emergency Contact, Emergency Response and Transportation for Emergency Care: Should the student sustain an illness or injury that a school official believes should receive immediate care from a health care provider, the undersigned understands that the school,
 - a) will make reasonable efforts to contact the undersigned, or the alternate individual(s) identified as emergency contacts on my student’s registration document (DoDEA Form 600), and, if necessary,
 - b) will arrange for a response by an Emergency Response Team (EMT) and possible transportation of my student for treatment to an available health care facility. The (EMT), health care facility, or attending health care provider(s) may not be U.S. or military facilities or providers, especially if my student is located overseas.
3. Treatment Decisions to be Made Exclusively by Health Care Provider(s): If the nature of my student’s injury or illness requires immediate health care, then attending health care providers will make decisions, in accordance with their standard operating procedures, regarding the delivery of emergency care for my student.
4. Cost of EMT/Transportation/Health Care: DoDEA shall not be responsible for the costs of any EMT or transportation of my student to a health care provider, or for the cost of care provided to my student by the health care provider(s).
5. School Does Not Administer Medication or Food Without a Physician’s Order: The school does not administer medicine or daily food, snacks or drinks to my student as a part of his/her physician-prescribed treatment program, unless the undersigned has provided the school with medications and/or food along with a physician’s order giving instructions on the administration of the medicine and/or food.
6. Duty to Inform the School: It is the personal responsibility of the undersigned to inform the school of changes in my student’s health status or emergency contact information. The undersigned agrees to notify the school principal in writing of any such changes.
7. Release of Student Information The school will release information in its possession that is pertinent to my student’s health condition(s), including any health and emergency contact information to my student’s sponsor/parent/guardian, health care provider(s), police officials, and others who need to know information in order to render health care to my student, or to protect the safety of any person or property.
8. Effect of Failure to Sign this Notice and Acknowledgement: The failure to sign this Notice and Acknowledgement may delay or prevent my DoDEA student’s participation in activities requiring authorization.

IV. SIGNATURE BLOCK

By my signature below, I (and my student age 18 or over) acknowledge that I have read and fully understand the information contained in each section I-III of this DoDEA Form 700 (including documents referenced within this form). Further, my signature acknowledges that I provided or declined to provide the authorizations, as indicated, in paragraphs 1-7 of section I and 1-3 of section II, and that I, understand that these authorizations and acknowledgements shall remain operative until the form is updated by the undersigned.

Signature of Sponsor/Parent/Guardian: _____

Printed Name: _____ **DATE:** _____

Signature of Student Age 18 or older: _____

Printed Name: _____ **DATE:** _____

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

**FORM 700A Internet Agreement and Consent to Use Information Technology Resources
Terms and Conditions**

INSTRUCTIONS:

- 1. Sponsors/Parents or Guardians are required to sign for students in grade 3 and below.**
- 2. Students in grade 4 and above are required to sign.**
- 3. Complete a new form for new student enrollment; student transitioning from 3rd to 4th grade; from elementary or middle school to high school; or if a student transfers to another DoDEA school.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932; DoD Directive 1342.20, "Department of Defense Education Activity (DoDEA)," October 19, 2007

PRINCIPAL PURPOSE: To obtain consent and authorization needed to allow students to participate in school programs and activities and to disclose certain student information, and acknowledgement of the emergency care that may be delivered to a student by DoDEA's officials and health care providers. Information collected on this form is authorized by the DoDEA system of records notice (SORN) number 26, published at <http://dpclo.defense.gov/privacy/SORNs/component/osd/>.

ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(2-12), the DoD Blanket Routine Uses described at <http://dpclo.defense.gov/privacy/SORNs/component/osd/> and the DoDEA routine uses found in SORN 26.

DISCLOSURE: Granting the consent and authorization requested by this form is voluntary. However, the failure to complete the form and provide the requested consent/authorization/acknowledgement of notice, may delay or prevent the DoDEA student's enrollment or participation in activities requiring consent or authorization.

Student Last Name	Student First Name	Student ID (School Use Only)
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Definition of Information Technology (IT) Resources

DoDEA's IT resources (also referred herein as the "network" (include, but are not limited to, use of or access to DoDEA communications and computer equipment, related software, and services (such as e-mail and Internet access, educational programs and services and social media)). I understand that my school will provide me with instruction and answer my questions regarding these Terms and Conditions before the school will authorize me to have network access.

I. "USE is a Privilege: Conditions of Use"

- A. I understand that access to and use of DoDEA-IT resources (the network) is intended to support my DoDEA education and related research and that my access and use (hereinafter "use") is a privilege, not a right, and that any use inconsistent with these Terms and Conditions may result in the cancellation of this privilege. I understand that the transmission (sent or received) of any material in violation of any U.S., state, or host nation law or regulation, or military installation, or DoD or DoDEA regulation, including this Terms and Conditions, is strictly prohibited and may violate criminal law.
- B. I will not download files or subscribe to bulletin boards or web-pages that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.
- C. I will respect and adhere to all of the rules governing access to DoDEA IT resources and the rules of any other network or computing resource to which I have access through the DoDEA IT resources.
- D. I will not transmit copyrighted material, or material protected by trademark or as a trade secret.
- E. I will not publish on-line using DoDEA IT resources (including communications and social media resources) the name, photograph, home address or telephone number of another student, faculty, or any other person.
- F. I will not use DoDEA IT resources for commercial advertising or political lobbying, or other partisan activity, and I understand that such conduct is prohibited and may be illegal.
- G. I will be polite; I will use courteous, respectful language in the use of the DoDEA network.
- H. In my messages to others, I will not swear, use vulgarities or, sexual, harsh, abusive, or disrespectful language. I will not engage in conduct that makes fun of, threatens, disrespects, abuses, or otherwise harasses another, or that urges others to take harassing, abusive or disrespectful action against another person. I will not access or transmit images of nudity or sexual acts, bodily waste functions, criminal activity or the intent to commit any of the above. I will not engage in activities that are illegal under, or forbidden by, Federal, state, or host nation laws or regulations, or installations, or DoD or DoDEA regulations, including this Terms and Conditions agreement while using DoDEA's IT resources.
- I. I will obey these Terms and Conditions governing DoDEA IT resources when I use DoD-provided or non-DoD provided IT resources to access the DoD or DoDEA networks.
- J. I will carefully evaluate information I receive while using DoDEA IT resources. As with any research material, I must review it for accuracy and bias.
- K. I will not send "chain letters," or similar widely distributed "broadcasts" or otherwise use DoDEA's IT resources that have the potential to unduly burden or disrupt the use of the network by other users.
- L. I will not encourage children or DoDEA student of any age, but particularly any child under the age of 13, to provide information about themselves to any commercial IT service provider without obtaining prior parental permission; and I will not use DoDEA IT resources to provide information about myself (in addition to basic electronic directory information needed to afford access to the DoDEA network) to any commercial IT service provider without obtaining prior parental permission.
- M. I will not upload or create malicious software, such as, but not limited to, computer viruses, worms, or Trojan horses, or engage in, or attempt to engage in any activity that might harm or destroy data of any user, or harm, disrupt, or interfere with the use of any DoDEA IT resource, another network, or the Internet.

STUDENT NAME:

II. Consequences of Failure to Follow These Terms and Conditions

- A. I understand that I am subject to discipline under the DoDEA Disciplinary regulation, to include suspension or expulsion, and/or to temporary or permanent loss of use of DoDEA IT resources, if I send messages or access or download files inconsistent with these Terms and Conditions. Furthermore, I may be subject to criminal prosecution if my conduct violates law.
- B. I understand that any use of DoDEA IT resources, whether I employ DoDEA-owned or other IT resources to access DoDEA IT resources for a purpose that creates, or that causes, a disruption in the school, may subject me to DoDEA disciplinary action, including loss of privileges to use DoDEA IT resources, and to such other penalties as are prescribed by law or regulation.
- C. I understand that I will lose privileges and be held accountable under law and regulation for intentional destruction or damage to any DoDEA IT resource.

III. Privacy

- A. I understand and agree that accessing the Internet or e-mail through DoDEA IT resources generally requires that the school disclose my name or student identification number, grade, and my school and/or home e-mail address to non-DoD providers of the particular service (like e-mail or any web-based educational program, or to a social media service). I further understand that when I use web-based or social media services, the service provider may collect additional information about me or my computer or phone (such as cookies, my Internet searches, IP addresses, the sites that I visit, and with whom I communicate, and the content of my communications). I also understand the service provider may ask me to provide additional personal information about myself or others. I further understand that should I release information to a software service provider, I have no control over the disclosures that providers may make of that information. I understand and agree that I may not provide a service provider with information about other persons and that I am solely responsible for consulting with my parents about whether to provide information about myself and the consequences of providing that information, and that DoDEA accepts no responsibility and no financial or other liability for my providing or failing to provide such additional information, or for the consequences of my action. I further understand that I may violate law or regulation if I assist or encourage a child under the age of majority, especially one under the age of 13, to provide information through the network without prior parental consent.
- B. I understand and agree that DoD and DoDEA monitor use of all DoDEA IT resources and that I have no privacy concerning my use of DoDEA IT resources, whether I access them from DoDEA-provided or private equipment. I understand that DoD or DoDEA may download from DoDEA IT resources, store, and use evidence of my use in connection with any administrative action or discipline under these Terms and Conditions, the DoDEA Disciplinary regulation, or any applicable law or regulation, and that DoD or DoDEA may report conduct and supporting information that it suspects violates law to appropriate enforcement authorities.

IV. No Warranties

- A. I understand that DoDEA makes no warranties of any kind, whether expressed or implied, for the IT resources it provides. DoDEA is not responsible for any damages (including, but not limited to, loss of data, delays, non-deliveries, misdeliveries, or service interruptions, or for injuries resulting from access to any Internet site, or any consequential damages) that I may suffer from my use of DoDEA IT resources.
- B. I understand the use of any information obtained by my use of DoDEA's computer resources is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its IT resources.
- C. I understand DoDEA has no obligation or authority to defend me against any legal actions brought against me by anyone arising from my misuse of DoDEA IT resources or violations of any U.S. or foreign laws, or software licenses.

V. Security

- A. I understand that security on any IT system is a high priority, especially when the system involves many users. I will notify my teacher if I notice a security problem. I will not demonstrate the problem to other users.
- B. I will not give my user password to other individuals, or allow other persons to use DoDEA-provided IT resources, e-mail access, or internet access. Any activity associated with my account will be considered my activity. It is my responsibility to protect my account and password.
- C. I may be denied access to IT resources if I am identified as a security risk.

SIGNATURE BLOCK

SPONSOR/PARENT/GUARDIAN SIGNATURE:		
PRINTED NAME:		DATE:
STUDENT SIGNATURE (GRADES 4-12 ONLY):		
PRINTED NAME:		DATE:



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

REQUEST FOR STUDENT SCHOOL RECORDS

Current Date

MEMORANDUM FOR:

Name of Previous School

Address

City State Zip Code

Country

SUBJECT: Request /authorize release of records for following student:

Student Name (last, first, middle) DOB (mm/dd/yy)

Grades (e.g., K-3) Years (mm/dd/yy-mm/dd/yy)

Please forward all records for the above student to include, but not limited to, transcripts, academic, discipline, health, legal/psychological/social reports, test scores, and special services. Also, include method of weighting grades, numerical/letter grade conversion, special clinical or diagnostic studies, cumulative and confidential records (including IEP), school profile, and any other information that may be helpful.

Forward Records To:

Name of School (Registrar/Principal)

Address

City State Zip Code

Country

Signature of Parent/Guardian or School Official Authorizing Release of Records

Date

Privacy Act Notification to Parents

Authority: Sections 113, 136 and 2164 of title 10, and 921-932 of title 20 of the United States Code, and E.O. 9397 (SSN) authorize the collection of this information.

Principal Purpose: To enable DoDEA officials to obtain student records from a student's prior schools.

Routine Uses: In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) and the DoDEA and DoD Blanket Routine uses set forth at <http://www.defenselink.mil/privacy/notices/osd/>.

Disclosure: Voluntary; however, failure to provide information may delay enrollment of, or development of a suitable educational plan for, a student enrolling in DoDEA funded programs.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT HEALTH HISTORY

PRIVACY ACT STATEMENT:

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

PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.

ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/osd>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

NAME (*Last, First, Middle Initial*)

Check:

Female
 Male

Date of Birth:

____/____/____
(mm / dd / yyyy)

MEDICAL HISTORY: CHECK (✓) ALL THAT APPLY AND EXPLAIN BELOW OR ATTACH ADDITIONAL PAGE(S).

VISION	RESPIRATORY	ASTHMA	ALLERGIES (A SHSG Form H-3-7 should be completed.)
<input type="checkbox"/> Wears glasses for reading	<input type="checkbox"/> Bronchitis	Date of Diagnosis: Inhaler needed: @ school * YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Bee/Wasp sting
<input type="checkbox"/> Wears glasses full time	<input type="checkbox"/> Cystic fibrosis		<input type="checkbox"/> Drugs
<input type="checkbox"/> Wears contacts	<input type="checkbox"/> Sinusitis		<input type="checkbox"/> Environmental
<input type="checkbox"/> Color deficiency	<input type="checkbox"/> Other		<input type="checkbox"/> Food
CARDIOVASCULAR		PSYCHIATRY	<input type="checkbox"/> Lactose intolerance (The school will need a letter from the doctor stating that the student is lactose intolerant.)
HEARING	<input type="checkbox"/> Sickle cell disorder	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Bulimia	<input type="checkbox"/> Other
<input type="checkbox"/> Ear tubes Insertion date: Are tubes currently in place: Right? YES <input type="checkbox"/> NO <input type="checkbox"/> Left? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Hemophilia/Other Bleeding disorders	<input type="checkbox"/> Autism	PROCEDURES: (A SHSG Form H-4-9 should be completed.)
<input type="checkbox"/> Hearing loss: Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/> Rheumatoid heart disease	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> My child will/may require special health care procedures during the school day. (See page 2.)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Depression	RESTRICTIONS
ENDOCRINE	MUSCULOSKELETAL	<input type="checkbox"/> Substance abuse history	<input type="checkbox"/> My child has a condition that warrants restriction of activities during school hours. (See page 2.)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Suicidal	MEDICATIONS
<input type="checkbox"/> Other	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Other	<input type="checkbox"/> My child takes daily medication at home.
DERMATOLOGY	GASTROINTESTINAL	NEUROLOGICAL	<input type="checkbox"/> My child will need medications during school hours. (* See page 2.)
<input type="checkbox"/> Eczema	<input type="checkbox"/> Other	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> My child may need emergency medications during school hours. (* See page 2.)
<input type="checkbox"/> Other	<input type="checkbox"/> Hernia	<input type="checkbox"/> Frequent headaches	<p>* MEDICATIONS DURING SCHOOL HOURS: SHSG: H-3-2, 3-3 and/or 3-8 forms must be signed by the physician and a parent; and must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.</p>
GENITOURINARY	<input type="checkbox"/> Other	<input type="checkbox"/> Migraines	
<input type="checkbox"/> Bladder control problems	DENTAL	<input type="checkbox"/> Spina Bifida	
<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Braces	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Sleep disorder	
		<input type="checkbox"/> Other	

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY**

Explain any of the above here or attach additional pages.

Identify any special health care procedures that your child may require during the school day:

Identify any condition that warrants a restriction of student activity, specify the nature and duration of the limitation and any other information that would help the school assist your child:

Identify any condition that warrants daily and/or emergency administration of medicine for your child and list those medications:

Parent/Sponsor's Signature:

Primary phone #:

Date: