



# BAHRAIN SCHOOL

## Registration Checklist

| STUDENT INFORMATION  |   |   |                    |
|--|---|---|--------------------|
| Name:  |   | Grade:  |                    |
| REGISTRAR - Room 41  |   |   |                    |
| TASK   | COMMENTS  | INFORMATION   | MISSING            |
| <input type="checkbox"/> Complete registration paperwork   |   |   |                    |
| <input type="checkbox"/> Provide Registrar with required documentation<br><br>High School students must provide official transcript showing grades and credits earned. | See reverse page for required documentation by enrollment category      | <u>Middle/High School-Grades 6-12</u><br><a href="mailto:BahrainMHS.Registrar@dodea.edu">BahrainMHS.Registrar@dodea.edu</a><br><br><u>School Website</u><br><a href="https://www.dodea.edu/BahrainMHS/">https://www.dodea.edu/BahrainMHS/</a> |                    |
| NURSE - Room AB-2  |   |   |                    |
| <input type="checkbox"/>   | Updated Vaccination Information   |   |                    |
| <input type="checkbox"/>   | Sports Physical Information   |   |                    |
| TRANSPORTION - Room AB-8   |   |   |                    |
| <input type="checkbox"/>   | Complete bus forms and check bus routes                                 |   |                    |
| SCHOOL SECURITY - Room AB-25   |   |   |                    |
| <input type="checkbox"/>   | Security ID Badge for   | Mother<br>Father<br>Emergency Contact<br>Student (MS/HS only)   |                    |
| COUNSELOR  |   |   |                    |
| <input type="checkbox"/>   | Student Schedule<br>(Only for Middle/High School Students)              | CJ, O'hanrahan (Gr 10 to 12) <a href="mailto:CJ.O'hanrahan@dodea.edu">CJ.O'hanrahan@dodea.edu</a><br>Regina, Zilinski (Gr 6 to 9) <a href="mailto:Regina.zilinski@dodea.edu">Regina.zilinski@dodea.edu</a>                                    | Room 42<br>Room 38 |
| TUITION - Only for Tuition paying students   |   |   |                    |
| <input type="checkbox"/>   | Check tuition rates, invoice, payment schedule, payment questions, etc. | Anna, Seixas <a href="mailto:BahrainMHS.Registrar@dodea.edu">BahrainMHS.Registrar@dodea.edu</a>   |                    |
| RECEPTIONIST   |   |   |                    |
| <input type="checkbox"/>   | Locker  |   |                    |
| <input type="checkbox"/>   | Lunch Menu Information  |   |                    |
| <input type="checkbox"/>   | Lunch Ticket Information  |   |                    |
| <input type="checkbox"/>   | Building Levy Payment   | <a href="#">Only tuition paying students</a>  |                    |

## **Required Documentation By Enrollment Category**

### **Active Duty Military:**

- Orders listing Dependents by name
- If Orders do NOT list Dependents by name, we must have a Command Sponsorship letter issued by NSA Bahrain
- Student's passport (for High School Students ONLY)

### **Department of Defense Civilians:**

- Orders listing Dependents by name
- If Orders do NOT list Dependents by name, we must have DoDEA Form 602 Verification of Civilian Employment + student's Birth Certificate

### **Contractors:**

- Copy of Contractor's ID card (front and back)
- Student's Birth Certificate

### **State Department:**

- Orders listing Dependents by name
- If Orders do NOT list Dependents by name, we must have DoDEA Form 602 Verification of Civilian Employment + student's Birth Certificate
- Space Available Agreement

### **Tuition Paying / Space Available:**

- Sponsor's Passport
- Student's Passport
- Space Available Agreement

**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](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 (Rank/Mr./Mrs.)                             | 2.a. SPONSOR LAST NAME | b. SPONSOR FIRST NAME | c. SPONSOR MIDDLE NAME  | 3. RELATIONSHIP TO STUDENT            |
| 4. TELEPHONE NUMBERS (Include Area Code or DSN)      |                        |                       | 5. EMAIL ADDRESS  |                                       |
| a. HOME  | b. DUTY/WORK           | c. CELL               |   |                                       |
| 6. ORGANIZATION                                      |                        |                       | 7. PAY GRADE (E-1/O-1/GS-1)   | 8. ROTATION/DEPARTURE DATE (YYYYMMDD) |
| 9. ORGANIZATION MILITARY INSTALLATION/CITY/COUNTRY   |                        |                       |   |                                       |
| 10. MAILING ADDRESS (e.g., Local/APO/FPO) (Required) |                        |                       | 11. PHYSICAL QUARTERS (Street, City, etc.) (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 (Include Area Code or DSN)    |                       |                      | 5. EMAIL ADDRESS      |                            |
| a. HOME (If different)                             | 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 (Not sponsor or spouse) | 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 (Not sponsor or spouse) | 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

**SECTION IV - STUDENT INFORMATION**

|  |   |   |   |                      |  |                                |  |
|--|---|---|---|----------------------|--|--------------------------------|--|
| 1.a. LEGAL LAST NAME<br><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><br><input type="checkbox"/> M <input type="checkbox"/> F |   | 4. DATE OF BIRTH<br><i>(YYYYMMDD)</i>   |                      | 5. STUDENT ETHNICITY: HISPANIC OR LATINO <i>(X one)</i><br><input type="checkbox"/> Y <input type="checkbox"/> N |                                |  |
| 6. STUDENT RACE <i>(X all that apply)</i><br><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<br><input type="checkbox"/> b. Asian <input type="checkbox"/> d. White |   |   |   |                      |  |                                |  |
| 7. STUDENT CELL PHONE<br><i>(Include Area Code)</i>  |   | 8. STUDENT EMAIL ADDRESS <i>(May be assigned by school)</i> |   |                      | 9. PASSPORT NUMBER<br><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?<br><i>(X one) (If Yes, what language?)</i><br><input type="checkbox"/> Y <input type="checkbox"/> N _____  |   |   | 12. IS THERE AN ADULT WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH?<br><i>(X one) (If Yes, what language?)</i><br><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<br><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."<br><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."<br><input type="checkbox"/> Y <input type="checkbox"/> N  |  |  |  |
| 5. IMMUNIZATIONS <i>(Only for new student) (X and initial)</i><br><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><br><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 (YYYYMMDD) |
| 7. ORDERS ON FILE/VERIFIED <i>(X one)</i><br><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><br><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**  
**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 8<sup>th</sup> grade; and/or one completed form for 9<sup>th</sup> through 12<sup>th</sup> 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) |
|-------------------|--------------------|------------------------------|
|-------------------|--------------------|------------------------------|

### 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 11<sup>th</sup> or 12<sup>th</sup> 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 3<sup>rd</sup> to 4<sup>th</sup> 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.

| <b>Student Last Name</b> | <b>Student First Name</b> | <b>Student ID (School Use Only)</b> |
|--------------------------|---------------------------|-------------------------------------|
|--------------------------|---------------------------|-------------------------------------|

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**

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

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  
DEPENDENTS SCHOOLS  
OFFICE OF THE PRINCIPAL  
Bahrain School  
PSC 851 BOX 690  
FPO AE 09834-0007**

Miller-Smith, Penelope Principal-Elementary School  
Shana Seawright, Principal-Middle/High School

P.O. Box 934, Kingdom of Bahrain  
Telephone: (973) 1772-7828  
Fax No. (973) 1772-8583

**REQUEST FOR STUDENT RECORDS**

Name and Mailing Address of Previous School (one form per school)

---



---



---

The Student(s) listed below have enrolled with the Bahrain School. Please send all school records, school grades, and transcripts, standardized testing scores, IEP's, Health Records, confidential records and testing scores when applicable.

| Student Name | Date of Birth | School Year Attended | Grade |
|--------------|---------------|----------------------|-------|
|--------------|---------------|----------------------|-------|

I, \_\_\_\_\_, do hereby request and authorize the release of all school records, testing scores and files for the above named student(s).

\_\_\_\_\_  
Signature of Parent, Sponsor, Guardian

Requesting Official:  
Registrar  
BahrainR@eu.dodea.edu

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Privacy Act Notice**

Authority: Title V, USC Section 552a  
Principal Purpose: To authorize release of student records  
Routine Users: Used by schools to request records for newly enrolled students  
Effect of: Records will not be made available and credit for previous  
Non-Disclosure: academic achievement may not be granted.

\*\*\*\*\*



# Parent Consent Letter

---

From: \_\_\_\_\_

[Insert name of installation, school, camp, facility]

Subject: Child and Youth Behavioral Military and Family Life Counselor

1. This letter is to inform you about Military and Family Life Counseling Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members and their families, including children, through child and youth programs, Department of Defense Education Activity schools, local education agencies, DoDEA and CYP summer programs, National Military Family Association Operation Purple Camps, Guard and reserve camps, and Operation Military Kids camps.
2. Child and youth behavioral military and family life counselors, or CYB-MFLCs, may provide support in Military and Family Support Centers, schools, summer programs and camps. They work with military children and their families in the following ways:
  - Observe, participate and engage in activities
  - Interact directly with military children
  - Model behavioral techniques and provide feedback
  - Suggest courses of age-appropriate behavioral interventions to enhance coping and behavioral skills
  - Reach out to military parents when convenient, such as when they drop off or pick up their children or at family events
  - Be available for military parents to contact for guidance and support
  - Facilitate psychoeducational groups
  - Conduct training for staff and parents
  - Recommend referrals to military family programs and other resources as needed
3. Counselors may assist military parents and children with the following types of issues:
  - Communication
  - Self-esteem and self-confidence
  - Conflict resolution
  - Behavioral management techniques
  - Bullying
  - Anger management
  - Sibling and parental relationships
  - Deployment and reintegration issues

4. Counselors may also work with military children on field trips and during camp or school-sponsored activities.
5. Counselors are available to accommodate appointments, meetings and activities after hours and on weekends with advance notice.
6. At no time will a counselor meet individually with a child without being in line of sight of a program employee or a parent or guardian.
7. Counselors may use only OSD-approved materials for trainings, groups and other activities.
- 8. With the exception of mandatory state, federal and military reporting requirements (for example, domestic violence, child abuse and duty-to-warn situations), as well as oversight review by the Department of Defense of the service you received should an adverse or harmful event occur, MFLC Program support is private and confidential to encourage the greatest level of participation.**

Print name of child: \_\_\_\_\_

Check only one box below:

I understand the above CYB-MFLC Program description and authorize my child to participate in CYB-MFLC services. This authorization is valid for the duration of my child's enrollment. I understand I can revoke this authorization at any time in writing.

I do not authorize my child to participate in CYB-MFLC services.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

(COMPANY LETTERHEAD)

DATE:

To: Department of Defense Education Activity, Resource Management Division  
Tuition Program Manager  
4800 Mark Center Dr.  
Alexandria, VA 22350-1400  
[DoDEAHQ.Tuition@hq.dodea.edu](mailto:DoDEAHQ.Tuition@hq.dodea.edu)

SUBJECT: Authorization for Central Billing of Tuition

(*Company name/Agency*) accepts responsibility for the payment of tuition costs for the student(s) (identified below) of our employee(s) (identified below) for School Year (SY) 2020 / 2021. All billings for these costs should be forwarded to (*exact billing address. Be as specific as possible*). Any questions concerning the payment of tuition should be addressed to (*name, telephone and fax number and email address of company contact*). Our Agency Tax ID is: .

The Defense Finance and Accounting Service (DFAS) now require all United States (U.S.) civilian agencies to provide the Cage Code for refunds that may be due made via Electronic Funds Transfer System (EFT). This requirement is not applicable for U.S. or Foreign Government agencies. Our Cage Code is: .

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

We understand that all tuition must be paid in the prescribed amounts **“only”** and will be due according to the invoice.

The authorized family member(s) of our employees are:

| STUDENT NO. | STUDENT(S) | SPONSOR | START DATE | GRADE | SCHOOL |
|-------------|------------|---------|------------|-------|--------|
|             |            |         |            |       |        |
|             |            |         |            |       |        |
|             |            |         |            |       |        |
|             |            |         |            |       |        |
|             |            |         |            |       |        |
|             |            |         |            |       |        |
|             |            |         |            |       |        |

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



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
HEADQUARTERS  
4800 MARK CENTER DRIVE  
ALEXANDRIA, VA 22350-1400**

## SPONSOR INDIVIDUAL BILLING LETTER (IBL)

I, \_\_\_\_\_, accept financial responsibility for the full payment  
*(printed name of sponsor)*  
of the DoDEA school tuition costs for my enrolled dependent(s) listed below.

| <u>School Year</u> | <u>Student Name</u> | <u>School</u> | <u>Grade</u> |
|--------------------|---------------------|---------------|--------------|
| <u>2019 - 2020</u> | _____               | _____         | _____        |
|                    | _____               | _____         | _____        |
|                    | _____               | _____         | _____        |
|                    | _____               | _____         | _____        |

Notes: \_\_\_\_\_

**I understand that (initials required):**

\_\_\_\_\_ I will receive a tuition invoice from DoDEA with payment instructions within 30 days of student registration. My dependent(s) may attend DoDEA schools pending the tuition invoice receipt and payment.

\_\_\_\_\_ Full tuition payment is due within 30 days from the tuition invoice date.

\_\_\_\_\_ My dependent(s) will be subject to withdrawal from school if the invoice is not paid on time.

\_\_\_\_\_ If I withdraw my dependent(s) prior to the end of school I am still responsible for the full tuition cost through the end of that quarter. DoDEA cannot refund the unattended portion of a school quarter.

Sponsor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature

Phone #1: \_\_\_\_\_

\_\_\_\_\_  
Date

Phone #2: \_\_\_\_\_



**BAHRAIN SCHOOL &  
BAHRAIN INTERNATIONAL SCHOOL  
ASSOCIATION**



**SCHOOL YEAR 2020-21**

Bahrain School is jointly operated by United States Department of Defense Education Activity ('DODEA') and Bahrain International School Association (BISA), an agreement for operation and administration of the school exists between BISA and DODEA.

The objectives of BISA are exclusively educational and charitable and no profits are allowed from the operation of the school or from its property. BISA Board of trustees meets monthly; meetings are closed. Board membership includes the DODEA's Principals and Assistant Principal, Chairman of the Local School Advisory Committee, Chairman of the PTSA, representatives from the NSA, representatives from the US Embassy and leading members of the Bahrain Industrial and Commercial Community.

The scale of school tuition fees is set annually by the US Federal Treasury and school tuition fees are paid by students in US Dollars directly through the school's DODEA Administration to the US Federal Treasury and BISA imposes a mandatory application and Building Levy fees on all students attending the Bahrain School collected in Bahraini Dinars.

BISA owns, manages and operates a 120 bed Dormitory adjoining the school grounds for students whose parents are not resident in Bahrain. The BISA Dormitory normally caters for students in Grades 8 to 12 inclusive. Dormitory fees are payable directly to the BISA Administrator. All Dormitory enrollment inquiries should be directed to the BISA Dormitory [bisa-admissions@batelco.com.bh](mailto:bisa-admissions@batelco.com.bh).

STUDENT NAME: \_\_\_\_\_

ENTERING GRADE: \_\_\_\_\_

SPONSOR NAME: \_\_\_\_\_

**BISA FEE SY 2020-21**

**APPLICATION /TESTING FEE**

The Application /Testing Fees (non-refundable) of **BD 70.000** is a BISA fee and its due at the time of submitting the application.

**BUILDING LEVY FEES**

The Building Levy fee (non-refundable) of **BD 600.000** is a BISA fee and its due upon acceptance of the application, the principal purpose of the building levy is to build new facilities, improvements and subsequent maintenance and repairs to retain School facilities in a safe and effective operating state. It is mandatory that the building levy payment is made to reserve a spot at the Bahrain School by all students.

**DORMITORY BOARDING FEE**

The Boarding Fees of **BD 6,000.000** is a BISA fee and it qualifies if you are a dorm student from grade 8 -12 and are due prior to the first day of school, In addition to the Boarding fees dorm students are required to pay the building Levy fees; additional fees of transport to Saudi Arabia, AMH (medical insurance), government formalities (Bahrain visas) and contingency fund are applicable as needed.

## **BISA PAYMENT METHOD AND DETAILS**

- Payment can be made via Check or bank transfer to our **BAHRAINI DINAR** current account at the Ahli United Bank, Bahrain. Our bank details as following
  - ❖ **Account Number: # (0001-596397-001)**
  - ❖ **Account Name: Bahrain International School Association**
  - ❖ **Bank name: Ahli United Bank BSC, Central Manama Branch, Car Park Building, 126, Government Avenue, Manama, Kingdom of Bahrain**
  - ❖ **Bank SWIFT Code: (AUBBBHBM)**
  - ❖ **IBAN Number: BH82 AUBB 0000 1596 3970 01**
- BISA requires that all fees be paid in full and on time. **For any queries regarding Application and Building Levy fees payment**, please contact **Ms. Khulood Sabah** at 17719800 or **[bisa@batelco.com.bh](mailto:bisa@batelco.com.bh)**
- For prompt and accurate recording, please ensure to include **INVOICE NUMBER** or student name on payment details, once paid please forward the bank deposit/remittance slip with student's full name to **Ms. Khulood Sabah**.
- *Any bank or remittance charges incurred are the responsibility of the payer.*

## **DODEA FEE SY 2020-21**

### **TUITION FEES**

Every school year, tuition fees are determined by the US Federal Government and released by the DODEA Headquarters. Tuition is split in two payments. The first installment includes August to 30 September which ends the fiscal year. The second installment includes 1 October to the end of the school year.

## **DODEA PAYMENT METHOD AND DETAILS**

- Tuition invoices will be emailed to parents on receipt from DoDDS Resource Management Office, United States.
- Payments can be made by major credit card on <https://pay.gov>, only on receipt of a tuition invoice. An online receipt will be issued by Pay.gov.
- Per the Dodea policy, the school will not issue any receipts for payments made via Pay.Gov or EFT's. Pay.Gov issues online receipts and banks issue EFT receipts. The receipt is proof of payment. Sponsors must present proof of payment to the school. Dollar Bank Drafts are also accepted and receipts will be issued by the school. Payment details/instructions will be mentioned on the invoice.
- **For Tuition payment queries, please contact the School at 17719800**

.....  
I acknowledge that I have read and understood the terms and fees as provided above

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

|       |  |
|-------|--|
| H-1-1 | <b>DEPARTMENT OF DEFENSE EDUCATION ACTIVITY<br/>NEW STUDENT HEALTH HISTORY</b> |
|-------|--|

The public reporting burden for this collection of information is estimated to average 10 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. RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. section, 2164 (Department of Defense Domestic Dependent Elementary and Secondary Schools) and 20 U.S.C. sections 921-932 (Defense dependents' education system).  
**PRINCIPAL PURPOSE:** Obtain health related information about a student enrolling or enrolled in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and promote a safe school environment. Determine services to be provided for a student in an equal opportunity to participate in public education.  
**ROUTINE USES:** DoDEA may release information without prior consent within the Department of Defense (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://dpcid.defense.gov/Privacy/SORNsindex/BlanketRoutineUses.aspx>. Examples of release may include for valid medical, law enforcement or security purposes or for use in litigation involving the DoD.  
**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the delay or denial of student services.

|                                   |   |   |
|-----------------------------------|---|---|
| NAME of Student _____ Grade _____ | Check: <input type="checkbox"/> Female<br><input type="checkbox"/> Male | Date of Birth: ____/____/____<br>(mm / dd / yyyy) |
|-----------------------------------|---|---|

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

| ALLERGIES                                  | RESPIRATORY                    | PSYCHOSOCIAL   | Please provide additional information if needed to ensure your dependent's welfare and safety during school days. Attach an additional page if needed. Contact the school nurse for any health concerns regarding your dependent. |
|--|--------------------------------|--|---|
| Insect sting (bee/wasp/ant)                | Asthma                         | ADHD date diagnosed:   |   |
| Drug/Medication*                           | Date diagnosed:                | Anxiety date diagnosed:  |   |
| Environmental                              | Inhaler needed: Yes / No       | Autism   |   |
| Food*                                      | @ school: Yes / No             | Depression   |   |
| Seasonal                                   | @ home: Yes / No               | Eating disorder  |   |
| Other:                                     | Bronchitis                     | Self-harm / cutting  |   |
| *Name allergen:                            | Cystic fibrosis                | Suicidal thoughts / attempt  |   |
|  | Pneumonia                      |  |   |
| <b>EYES</b>                                | Sinusitis                      | <b>MEDICATION</b>  |   |
| Glasses/contact lenses                     | TB                             | * My dependent will need medications during school hours for the treatment of _____.   |   |
| Wears glasses full time                    | Other:                         |  |   |
| Glasses for reading                        | <b>CARDIOVASCULAR</b>          | * My dependent may need emergency medication during school hours for _____.  |   |
| Color deficiency                           | Congenital heart defect        | Identify any condition that warrants daily, as needed, and/or emergency administration of medicine for your dependent and list all medications: _____  |   |
| Other:                                     | Needs special care: Yes / No   |  |   |
| <b>EARS</b>                                | Specify care:                  |  |   |
| Frequent ear infections                    | Enlarged heart                 |  |   |
| Hearing loss Right/Left                    | Heart murmur                   |  |   |
| Hearing aid Right/Left                     | Rheumatic heart disease        |  |   |
| Ear tubes                                  | Hemophilia                     | * Please see the school nurse for information regarding medication at school. Certain forms (H-3-2 and/or H-3-9) need to be signed by prescribing Primary Care Manager (PCM)/doctor and sponsor/parent/guardian. All medications will be in the original container and pharmacy label with the student's name. Medications will remain at school for the duration of the treatment/prescription. |   |
| Date placed:                               | Sickle cell disorder           |  |   |
| Right/Left/Both                            | Hypercholesterolemia           |  |   |
| Other:                                     | High blood pressure            |  |   |
| <b>DENTAL</b>                              | Other:                         |  |   |
| Braces                                     | <b>GASTROINTESTINAL</b>        | <b>Health Care Treatment, Restrictions</b>   |   |
| Other:                                     | Frequent constipation          | Identify any special health care procedures that your dependent may require during the school day: _____   |   |
| <b>NEUROLOGIC</b>                          | Irritable bowel syndrome (IBS) | _____  |   |
| Cerebral palsy                             | Hernia                         | _____  |   |
| Concussion                                 | Lactose intolerant **          |  |   |
| Frequent headaches                         | Other:                         |  |   |
| Migraine                                   | <b>MUSCULOSKELETAL</b>         | 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 dependent: _____  |   |
| Seizure                                    | Muscular dystrophy             | _____  |   |
| Spina bifida                               | Scoliosis                      |  |   |
| Sleep disorder                             | Other:                         |  |   |
| Other:                                     | <b>GENITOURINARY</b>           |  |   |
| <b>ENDOCRINE</b>                           | Bladder control problem        |  |   |
| Diabetes                                   | Intermittent catheterization   | <b>** Lactose Intolerant</b>   |   |
|  | Self cath. / needs help        | A written note is required from the PCM/doctor stating that student is lactose intolerant.   |   |
| Thyroid                                    | Needs frequent bathroom use    |  |   |
| Other:                                     | Urinary tract infections       |  |   |
| <b>SKIN/DERMATOLOGY</b>                    | Other:                         |  |   |
| Acne                                       |                                |  |   |
| Eczema                                     |                                |  |   |
| Ingrown toe nail                           |                                |  |   |
| Other:                                     |                                |  |   |
| <b>Sponsor/Parent/Guardian's Signature</b> |                                | <b>Date</b>  | <b>Primary Phone No.</b>  |

|       |   |
|-------|---|
| H-2-1 | <b>DEPARTMENT OF DEFENSE EDUCATION ACTIVITY<br/>REQUIRED IMMUNIZATION CERTIFICATE</b> |
|-------|---|

The public reporting burden for this collection of information is estimated to average 10 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. RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. section, 2164 (Department of Defense Domestic Dependent Elementary and Secondary Schools) and 20 U.S.C. sections 921-932 (Defense dependents' education system).  
**PRINCIPAL PURPOSE:** Obtain health related information about a student enrolling or enrolled in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and promote a safe school environment. Determine services to be provided for a student in an equal opportunity to participate in public education.  
**ROUTINE USES:** DoDEA may release information without prior consent within the Department of Defense (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://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.  
**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the delay or denial of student services.

**Immunization Requirements**

**Medical proof of immunizations must be completed by a medical authority and provided to the school officials at the time of initial registration. The Medical Authority must sign and stamp this form or other forms that they choose to use or provide a copy of the student's printed immunization record.**

\_\_\_\_\_ School (*enter name of school*)

|   |   |
|---|---|
| Student Name ( <i>Last, First, Middle Initial</i> ) _____ | Date of Birth ( <i>mm/dd/yyyy</i> ) _____ |
|---|---|

| Vaccine   | DOSE and DATE VACCINATED            |                        |   |                        |                           |
|---|-------------------------------------|------------------------|---|------------------------|---------------------------|
|   | Dose 1<br>(mm/dd/yyyy)              | Dose 2<br>(mm/dd/yyyy) | Dose 3<br>(mm/dd/yyyy)                  | Dose 4<br>(mm/dd/yyyy) | Dose 5<br>(mm/dd/yyyy)    |
| DTaP<br>Diphtheria, Tetanus, Pertussis                          |                                     |                        |   |                        |                           |
| Hepatitis A   |                                     |                        |   |                        |                           |
| Hepatitis B   |                                     |                        |   |                        |                           |
| Influenza (Annual)  |                                     |                        |   |                        |                           |
| Measles, Mumps, Rubella   |                                     |                        |   |                        |                           |
| Measles   |                                     |                        |   |                        |                           |
| Mumps   |                                     |                        |   |                        |                           |
| Rubella   |                                     |                        |   |                        |                           |
| Meningococcal   |                                     |                        |   |                        |                           |
| Polio   |                                     |                        |   |                        |                           |
| Tdap Booster<br>Tetanus, Diphtheria, Pertussis                  |                                     |                        |   |                        |                           |
| Varicella   |                                     |                        |   |                        |                           |
| Varicella History of Disease                                    | Date: Month & Year of illness _____ |                        |   |                        |                           |
| <i>BCG (not a DoDEA requirement; document if given in past)</i> |                                     |                        |   |                        |                           |
| <i>PPD (may be regional requirement)</i>                        | Date Placed:<br>_____               | Date Read:<br>_____    | Result:<br>Neg _____mm      Pos _____mm |                        | MD Clearance:<br>YES / NO |

I certify that the minimum immunization requirements have been completed and/or initiated. Immunizations are current until:  
 Date: \_\_\_\_\_ when \_\_\_\_\_ immunization(s) is/are due.

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

Department of Defense Education Activity  
*Immunization Requirements*  
*School Year 2018/19*

Students who enroll in Department of Defense Education Activity (DoDEA) schools are required to meet specific immunization requirements. These requirements represent the minimum requirements and do not necessarily reflect the optimal immunization status for students. This copy of *DoDEA Immunization Requirements* is provided to parents for informational purposes only. Official proof of immunization (i.e., copy of child’s immunization/shot record) must be provided to school officials at the time of initial registration and upon request of school officials to verify immunization compliance.

Immunization compliance is based on the age-appropriate immunization schedule established by the Advisory Committee on Immunization Practices (ACIP) and DoD Regulation-AR 40-562/BUMEDINST 6230.15B/AFI 48-110/CG COMDTINST M6230.4G “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” October 2013. Information on immunizations and dosage scheduling provided by ACIP can be found at <http://www.cdc.gov/vaccines/schedules/easy-to-read/index.html>, the American Academy of Pediatrics located at <http://aap.org>, and the American Academy of Family Physicians located at <http://aafp.org>.

| <b>IMMUNIZATION</b>                       | <b>MINIMUM DODEA REQUIREMENT FOR SCHOOL ATTENDANCE</b>   |
|---|--|
| + Diphtheria, Tetanus, Pertussis DTaP, DT | * DTaP or DT series completed or on schedule for completion.<br>If the fourth dose of DTaP or DT was administered before the fourth birthday, a booster (fifth) dose is required for initial school entry. |
| Tdap                                      | * Tdap required at age 11 years old.   |
| + Hepatitis A                             | * Series completed prior to initial entry into school or on schedule for completion.   |
| + Hepatitis B                             | * Series completed prior to initial entry into school or on schedule for completion.   |
| + Measles, Mumps, Rubella                 | * Series completed prior to initial entry into school or on schedule for completion.   |
| Meningococcal                             | * Series initiated at age 11 years. Booster at age 16 years.<br>(Bahrain use local Ministry of Health Schedule)  |
| + Polio                                   | * Series completed or on schedule for completion.<br>If the fourth dose of polio was administered before the fourth birthday, an additional dose is required for initial school entry.                     |
| + Varicella                               | * Series completed prior to initial entry into school or on schedule for completion.   |
| + Hib                                     | * Children over 5 years old do not need Hib vaccine.   |
| Tuberculosis                              | Routine testing is no longer necessary unless risk factors are identified as determined by local medical command.  |
| Influenza                                 | Annually, start as soon as annual vaccine is available.  |

+ May be administered in additional combination vaccines.

\* Series dose spacing based on immunization schedule for persons aged 4 through 18 years.

As of July 2010, DoDEA aligned with the immunization guidance prescribed by the Interstate Compact on Educational Opportunity for Military Children. As a result, provision has been made to permit students transferring to a new location up to 30 calendar days after enrollment to obtain any immunization(s) required by the receiving state. For a series of immunizations, initial vaccination must be obtained within 30 days of initial enrollment.



## DoDEA Virtual School: Parent Form (School Year 2020-21)

2. Check the box to confirm your child will attend DoDEA through the full-time virtual instruction at home option?

By selecting this option, you are committing to one semester of virtual instruction.

Virtual Instruction

3. Please indicate if, at this point, you expect to enroll in virtual instruction for the full year. This will help DoDEA to plan for the school year. You will not be held to a one-year commitment, as there will be another enrollment period in the fall for the second semester.

Check one: Semester 1 only  Full year

4. Technology Access

In order to provide virtual learning for your child, you will need access to technology.

Please let us know your current technology access.

Check Yes or No for each question.

Do you have internet Access at home? Yes  No

Is there a computer available for your child throughout the school day? Yes  No

5. Parent/Guardian/Sponsor Responsibilities

In order for your child to be successful in the virtual learning environment, please be aware of these parent responsibilities:

- Ensure your child is attending virtual learning sessions with their teacher.
- Provide a quiet and organized space for your child to complete work
- Ensure your child completes assigned tasks on time as provided in the course.
- Maintain a schedule for virtual learning, especially in grades K-5, where students need more intensive support and instruction from parents.
- Contact the teacher or DoDEA Virtual School if your child has additional educational, social-emotional or other need.

By checking this box you understand the Parent/Guardian/Sponsor Responsibilities.

I am aware of the parent responsibilities in order for my child to be successful in the virtual learning environment.

# DoDEA Virtual School: Parent Form (School Year 2020-21)

**\*\*Submit this form ONLY if you are selecting the full-time virtual education option for your child.\*\***

DoDEA is planning and preparing to reopen in-person instruction at the start of the 2020-21 school year. In-person instruction is strongly preferred as the benefits are well supported by research for the majority of students. DoDEA has put in place numerous safety requirements and precautionary measures that follow The Center for Disease Control (CDC) and DoD guidance to reopening to ensure employees and students are protected to the greatest extent possible. If, however, local health conditions and protection levels require schools to open the remote environment, DoDEA will be prepared to do so.

For the 2020-21 school year, DoDEA families have two options for students:

1. Full-time in-person instruction with precautionary and safety measures in place (e.g. face coverings, social distancing, and cleaning procedures).
2. Full-time virtual education from home.

Check the link below for specific information about the upcoming school year:

[www.dodea.edu/returntoschool.cfm](http://www.dodea.edu/returntoschool.cfm)

The option for full-time virtual education is being made available primarily for families with health vulnerabilities that put them at higher risk for COVID-19, or that are concerned about returning to school.

To support planning for the school year, parents must commit to at least one semester of virtual education. This option will provide full courses in math, language arts, science, social studies and one elective in grades K-8, and five courses in grades 9-12 (high school students may need to enroll in summer school to satisfy graduation requirements). DoDEA plans to offer this option for the full school year, and parents will be asked to commit to another semester (winter/spring) instruction in the fall of 2020.

All students are enrolled for in-person instruction unless the Sponsor/Parent submits this request for full-time virtual education. Virtual education selection must be made at the time of student registration. This selection is for at least one semester of virtual education.

**Please answer all questions.**

## 1. Student & Sponsor Information

|   |                   |                     |
|---|-------------------|---------------------|
| Student First Name                                    | Student Last Name | Student Grade Level |
|   |                   |                     |
| Sponsor First Name                                    | Sponsor Last Name | Sponsor Email       |
|   |                   |                     |
| School Name   |                   |                     |
|   |                   |                     |
| Student Google email (ex. jsmi1234@student.dodea.edu) |                   |                     |
|   |                   |                     |

Student Name & Grade: \_\_\_\_\_

**Department of Defense Education Activity Europe South District  
Prescreening Protocol and Acknowledgment for Students  
Bahrain, Naples, Rota, Sigonella Naval Base Guidance**

The school and parent community must work together to prevent the introduction and spread of COVID-19 in the school environment while providing a quality education program. To aid in prevention, we require parents to perform a short check each morning within two hours of arrival to school. Students without a copy of this signed form on file will be prohibited from attending school in-person.

**SECTION 1: Symptoms**

Please check for any of the following symptoms that indicate a possible illness that could be spread to others:

- a. Temperature 100.4 degrees Fahrenheit or higher (or in accordance with host nation policy) when taken by mouth, **Italian requirement is 99.5 degrees Fahrenheit or higher;**
- b. Sore throat;
- c. **New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
- d. Diarrhea, vomiting, or abdominal pain; OR
- e. **New** onset of severe headache, especially with a fever.

**SECTION 2: Close Contact/Potential Exposure**

Please check if you have:

- a. Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR
- b. Traveled to or through an area where the local, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework or in HPCON C or D or EUCOM Travel Restrictions map (The EUCOM map and additional information is at: <https://www.c6f.navy.mil/COVID-19> )

---

*If the answer to any of the questions in section 1 is **YES** but **No** to any questions in section 2, the student is excused from school until symptom-free for 24 hours without fever-reducing medications.*

*If the answer to any of the questions in section 1 is **YES** and **YES** to section 2.a., please seek an evaluation from your healthcare provider or email [usn.naples.navhosnnaples.list.naples-public-health-covid@mail.mil](mailto:usn.naples.navhosnnaples.list.naples-public-health-covid@mail.mil). The student should also stay home for 14 days since last exposure to that person unless the student has developed COVID-19 illness in the previous three months and recovered, and remains without symptoms as described in section 1.*

*If the answer to any of the questions in section 1 is **YES** and **YES** to section 2.b., please seek an evaluation from your healthcare provider or email [usn.naples.navhosnnaples.list.naples-public-health-covid@mail.mil](mailto:usn.naples.navhosnnaples.list.naples-public-health-covid@mail.mil) and follow applicable local installation Restriction of Movement (ROM) requirements.*

*If the answer to any of the questions in section 1 is **NO** but **YES** to section 2.a., the student should stay home for 14 days since last exposure to that person unless the student has developed COVID-19 illness in the previous three months and recovered, and remains without symptoms as described in section 1.*

*If the answer to any of the questions in section 1 is **NO** but **YES** to section 2.b., follow local installation ROM requirements.*

---

I \_\_\_\_\_ (parent/guardian name) have reviewed the DoDEA Prescreening Protocol. I agree to conduct the prescreening on my child before their arrival to school.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Acknowledgement and Understanding of Student Handbook 2020-2021

The Bahrain Middle High School Student Handbook is a valuable resource for parents and students. Information includes attendance policies, behavior expectations, grading policies, dress code, etc. Please read the Handbook and then sign below to acknowledge your receipt and understanding of the information it contains and return this portion to the school. Students are to return this signed portion to their Seminar or Advisory period teacher NLT **September 30, 2020**.

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Student Signature/Date

\* Signatures represent receipt of the student handbook and the parent and student awareness of school policies and procedures for School Year 2020-2021.

## BAHRAIN SCHOOL LIAISON OFFICE

BUILDING 267, SCHOOL AGE CARE

439-6719 ▪ BahrainSLO@me.navy.mil ▪ <https://www.navymwrbahrain.com/>



Dear Sponsor,

August 2020

Welcome to the NEX Free and Reduced Meal Program!

NEXCOM or Navy Exchange Command provides meals to K-12 students on Navy bases in 8 OCONUS locations: Guantanamo Bay, Naples, Sigonella, Rota, Bahrain, Yokosuka/Ikego and Sasebo/Hario.

To see if your family qualifies for the Free and Reduced Meal (FARM) program, fill out the attached application and submit it along with a current LES to your School Liaison Officer, located in building 267 (School Age Center), or your school's secretary. Ensure that your LES has the correct number of dependents listed on it or be prepared to present a copy of your orders listing your dependents and bringing them to Bahrain.

Please allow 10 business day for processing and notification letter to be sent to your email address. ***If you have completed an application for previous years, a new application is required each year.***

The price for school lunches at all Department of Defense Education Activity (DoDEA) schools outside the continental United States (OCONUS) managed by the Navy Exchange Service Command (NEXCOM) will increase \$0.25 for the 2020-21 school year.

The lunch price for elementary and secondary students' meals will be \$3 and \$3.25 respectively. Per federal guidelines, families qualifying for the Free and Reduced Meal Program will still pay \$.40 per meal.

School Meal tickets can be purchased at the customer service desks at the NEX, they sell booklets of 10 tickets. Your student will be responsible for taking their tickets to school each day to pay for their lunch.

Each month, menus are posted at [www.mynavyexchange.com/smp](http://www.mynavyexchange.com/smp). The SMP offers meals, on a break-even basis, in accordance with USDA nutrition standards. Whole grains, lean proteins, fresh fruits and vegetables, and low-fat milk are offered on a daily basis.

For information about the FARM process, please contact your SLO at 439-6719/9119 or [BahrainSLO@me.navy.mil](mailto:BahrainSLO@me.navy.mil). For questions about the SMP, please contact the NEX Customer Service Desk.



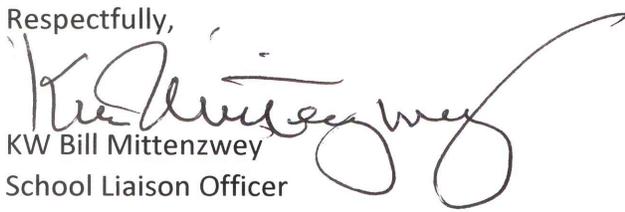
## UNDERSTANDING THE INCOME ELIGIBILITY GUIDELINES

2020-2021 SCHOOL YEAR

The 2020-2021 Income Eligibility Guidelines for Bahrain are set up to utilize the Alaska Guidelines.

1. The chart below can be read by locating the size of your family. This number corresponds with every member of the family as listed on your Official Orders and includes parents/sponsors and children/dependents.
2. Utilizing your most recent Leave and Earnings Statement you must take the monthly base pay including Basic Allowance Subsistence (BAS) and also include if applicable;
  - a. Support/Alimony
  - b. Retirement/Pension
  - c. Special Duty pay (career sea pay -adjust to actual amount if less than 12 months)
  - d. Spouse income (if not regular provide average monthly income)
  - e. Other income
    - i. HDP Location is other income. It must be reported
    - ii. Report all other forms of income
    - iii. BAH and Combat Pay are not calculated
    - iv. Military do not include COLA but Civilians must include Post Differential as income.
3. USDA requires that the School Liaison Office conduct an annual randomly selected verification of applications and maintain all documents for three years.
4. During the school year, families do not need to report changes in income unless that change may result in an increase in either free or reduced lunches.
5. If you are disapproved, you may appeal the decision to the next higher authority as indicated on your determination letter.

Respectfully,

  
KW Bill Mittenzwey

School Liaison Officer

BahrainSLO@me.navy.mil

DSN 439 6719



Child and Youth Programs

## APPLICATION FOR FREE & REDUCED MEAL PROGRAM FOR OFFICIAL USE ONLY (when filled in)

**Privacy Act Statement**

**Authority:** The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970), DOD Directive 1015.5.  
**Principal purpose(s):** To determine eligibility for free or reduced-price meals under the National School Lunch Act, DOD Student Meal, Reduced-Price Meals and Free Milk Program.  
**Routine use(s):** This form will be used solely for the principal purpose(s) described above. Mandatory or voluntary disclosure and effect on individual not providing information: Voluntary. However, the social security number is required under the provision of the National School Lunch Act before your child may receive free or reduced-priced lunch meals.

**SECTION I. FOR OFFICE USE ONLY – REVIEW/APPROVAL PROCESS**

| SCHOOL YEAR<br>(YYYY) | PROCESSED BY | DATE (YYYY-MM-DD) | QUALIFICATION CATEGORY   | DATE NOTIFIED (YYYY-MM-DD) |
|-----------------------|--------------|-------------------|--|----------------------------|
|                       |              |                   | <input type="checkbox"/> FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> INELIGIBLE |                            |

**SECTION II. FAMILY INFORMATION**

|  |                              |   |                 |               |  |
|--|------------------------------|---|-----------------|---------------|--|
| 1. SPONSOR'S NAME (last, first, middle)  | 2. SPONSOR'S LAST FOUR (SSN) | 3. GRADE                                | 4. ORGANIZATION |               |  |
| 5. DUTY PHONE  | 6. PSC #                     | 7. BOX                                  | 8. APO/FPO      | 9. HOME PHONE |  |
| 10. E-MAIL   |                              | 11. SPOUSE'S NAME (last, first, middle) |                 |               |  |
| 12. TOTAL MEMBERS OF HOUSEHOLD (identify all children and household members, including sponsor, regardless of age, additional space on page 4) |                              |   |                 |               |  |
| a. NAME (last, first)  | b. AGE                       | c. GRADE                                | d. SCHOOL       | e. STUDENT #  |  |
|  |                              |   |                 |               |  |
|  |                              |   |                 |               |  |
|  |                              |   |                 |               |  |
|  |                              |   |                 |               |  |
|  |                              |   |                 |               |  |
|  |                              |   |                 |               |  |
|  |                              |   |                 |               |  |

**SECTION III. HOUSEHOLD TOTAL GROSS MONTHLY INCOME** (before taxes, use page 3 for spouse and other income)

| 1a. TYPE OF INCOME (applications cannot be processed without a copy of LES or pay stub)               | 1b. AMOUNT |
|---|------------|
| (1) BASE PAY  |            |
| (2) BASIC ALLOWANCE FOR SUBSISTENCE (refer to LES)  |            |
| (3) SUPPORT/ALIMONY   |            |
| (4) RETIREMENT/PENSION  |            |
| (5) SPECIAL DUTY PAY AND OTHER INCOME (Career Sea Pay—adjust to actual amount if less than 12 months) |            |
| (6) SPOUSE INCOME (Use the worksheet on page 3, if used must be included with application)            |            |
| (7) OTHER INCOME (Use the worksheet on page 3, if used, must be included with application)            |            |
| <b>TOTAL INCOME:</b>  | \$ 0.00    |

**SECTION IV. CERTIFICATION STATEMENT** (Read and initial each statement and sign below.)

| 1. STATEMENT   | 1b. INITIALS |
|--|--------------|
| (1) This application is made in connection with the receipt of Federal funds. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable Federal Law, UCMJ, or other regulations. I understand that eligibility is valid only for the current school year and that another application must be submitted to determine eligibility for each new school year. |              |
| (2) Meals covered in the free/reduced-price lunch program are for 1 year and 1 USDA-approved lunch per day (excludes Lunch Plus). A la carte food items are not covered under the free/reduced-price lunch program and I must have cash or funds in the student's account for these items.   |              |
| 2. DATE (YYYY-MM-DD)   | 3. SIGNATURE |
|  |              |



Child and Youth Programs

## APPLICATION FOR FREE & REDUCED MEAL PROGRAM FOR OFFICIAL USE ONLY (when filled in)

### INSTRUCTIONS

**Use of Information Statement:** To enroll in Free and Reduced-Price School Lunch Program, complete the application and submit with a copy of most current leave/earnings statement (LES) or pay stub (and spouse's, if applicable). The disclosure of the last four of the social security number (SSN) of household member is completely voluntary. However, it is required under the provision of the Richard B. Russell National School Lunch Act before your child may receive free or reduced-price lunch meals. If no SSN last four is available, please list the foreign national identification number from your military-issued ID card. List all members of your household and all your dependent children, including ones who do not attend Department of Defense Dependents Schools. You must include the last four digits of the social security number of the adult household member who signs the application. Your information will be used to determine if your child is eligible for free or reduced price meals. While disclosure of the last 4 digits of a social security number is voluntary, the National School Lunch Act requires the last 4 digits of a social security number or an indication of "none" for approval of the application. Information will be shared with School Food Authority (SFA), Food Service Management Company (FSMC), and DoDEA. Applications submitted without a LES or pay stubs can be accepted but not processed until received.

#### SECTION I – OFFICE USE ONLY

#### SECTION II – FAMILY INFORMATION

**SECTION III – HOUSEHOLD GROSS MONTHLY INCOME (BEFORE TAXES) [applicants can use worksheet on page 3 to calculate their incomes. If used, must be included with application] [USDA Income Eligibility Guidance – IEG at Alaska rates ]**

- Base pay
- Basic allowance for subsistence
- Include if applicable:
  - Support/alimony
  - Retirement/pension
  - Special duty pay (career sea pay adjust to actual amount if less than 12 months)
  - Spouse income (if spouse employment is not regular (for example, babysitting, substitute teaching, seasonal or temporary hire), provide average monthly income)
  - Other income (report all other forms of regular income, including any Government-subsidized children's allowance or Federal Social Services Administration (Food Stamp Program). Calculate these amounts to determine total monthly income. (Basic allowance for housing [BAH] and "combat pay" is not calculated.)

**\*Note for Deployed Personnel:** "The USDA will continue to count only the portion of the deployed service members income made available by them or on their behalf to the household as income. This is a continuation of the policy established through USDA March 12, 2003, memo. Policy Exception-Family Size/Income Determinations. Further, deployed service members continue to be considered members of the household for purposes of determining income eligibility for the Child Nutrition Programs."

**SECTION IV:** Your signature on the application certifies that all information provided on the application is true and correct.

**PROGRAM WORKSHEET (PAGE 3):** Completed if there is additional income to report from item IIIa.

#### APPLICATION PROCESS

- An application adjudication decision will be made on your application within 5 work days of receipt of all required documents and the entire process will be completed within 10 operating days.
- Income Eligibility Guidelines (IEGs) "ALASKA" rate for USDA free and reduced price meals is used to determine eligibility and available at the USDA web page: <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>
- If approved, you will be contacted and your eligibility decision will be forwarded to the local Food Service Management Company (FSMC) which is NEX for all locations with exception of Bahrain (MWR).
- If disapproved, you can appeal the decision to the next higher local level above the approval authority.
- In the approved school year (SY), there is no further need to report changes in income unless it's a decrease and may result in an increase in either free or reduced meals for your students. NOTE: The SY begins 1 July each year for USDA purposes.
- Apply within 30-days of the new SY start if you had an approved application in the last SY. Students enrolled in "Sure Start" can be "directly certified" using DoDEA policy for "categorical eligibility."
- USDA requires School Food Authority (SFA) to conduct a verification of a sampling of applications. Additionally, USDA requires the SFA to retain all records for three years.
- Apply through your FARM processing official for your location (School Liaison Officer in Navy Region Europe, Africa, Southwest Asia, GTMO or Fleet and Family Support Center in Navy Region Japan).



## APPLICATION FOR FREE & REDUCED MEAL PROGRAM

FOR OFFICIAL USE ONLY (when filled in)

### SECTION II (CONTINUED)

**Sponsor's Full Name**

**ITEM 12. CONTINUED - TOTAL MEMBERS OF HOUSEHOLD** (identify all children and household members, including sponsor, regardless of age)

| a. NAME (last, first) | b. AGE | c. GRADE | d. SCHOOL | e. STUDENT # |
|-----------------------|--------|----------|-----------|--------------|
|                       |        |          |           |              |
|                       |        |          |           |              |
|                       |        |          |           |              |
|                       |        |          |           |              |
|                       |        |          |           |              |
|                       |        |          |           |              |

### SECTION I (CONTINUED) FOR OFFICE USE ONLY – REVIEW/APPROVAL PROCESS

#### REVIEWING OFFICIAL ACTIONS

CHECK  
APPROPRIATE  
BLOCK(S)

- 1. Recommend Approval - Free
- 2. Recommend Approval - Reduced
- 3. Recommend Application Be Denied (note reasons in additional comments below)
- 4. No action; application incomplete, applicant contacted.

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

**ADDITIONAL COMMENTS:**

**DATE (YYYY-MM-DD)      SIGNATURE**

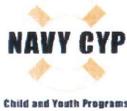
#### APPROVING OFFICIAL ACTIONS

CHECK  
APPROPRIATE  
BLOCK(S)

- 1. Approved - Free
- 2. Approved - Reduced
- 3. Denied
- 4. Disposition "Notification Letter" sent to applicant and if application approved, NEX notified

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

**DATE (YYYY-MM-DD)      SIGNATURE**



## APPLICATION FOR FREE & REDUCED MEAL PROGRAM

FOR OFFICIAL USE ONLY (when filled in)

**SECTION III (CONTINUED) FARM PROGRAM CALCULATION WORKSHEET (Optional Unless Used to Calculate Income on Page 1)**

**Sponsor's Full Name**

**A. Military Income (Sponsor)**

|   |         |
|---|---------|
| 1) BASE PAY   |         |
| 2) BAS (subsistence allowance)  |         |
| 3) Career Sea Pay (Career Sea Pay—adjust to actual amount if less than 12 months) |         |
| 4) Special Pay (Hazardous Pay, Flight Pay, Sub Pay, Incentive Pay, SRB, ETC.)     |         |
| 5) Other Income (see application instructions on PG 2)                            |         |
| 6) Clothing Allowance (add once per year income)                                  |         |
| <b>Total Monthly Income (add lines 1-5 together)</b>                              | \$ 0.00 |
| <b>Total Annual Income (Total Monthly Income x 12) + (Line 6)</b>                 |         |

**B. Dual Military Member's Income (If Dual Military family)**

|   |         |
|---|---------|
| 1) BASE PAY   |         |
| 2) BAS (subsistence allowance)  |         |
| 3) Career Sea Pay (Career Sea Pay—adjust to actual amount if less than 12 months) |         |
| 4) Special Pay (Hazardous Pay, Flight Pay, Sub Pay, Incentive Pay, SRB, ETC.)     |         |
| 5) Other Income (see application instructions on PG 2)                            |         |
| 6) Clothing Allowance (add once per year income)                                  |         |
| <b>Total Monthly Income (add lines 1-5 together)</b>                              | \$ 0.00 |
| <b>Total Annual Income (Total Monthly Income x 12) + (Line 6)</b>                 |         |

**C. Civilian or Contractor (Sponsor/Head of Household)**

|   |  |                                |         |
|---|--|--------------------------------|---------|
| 1) Bi-Weekly Pay (gross amount)                         |  | X 26 Weeks =                   |         |
| 2) Monthly Pay (gross amount)                           |  | X 12 Months =                  |         |
| 3) Bi-Monthly Pay (DoD Teachers) (gross amount)         |  | X 21 Weeks =                   |         |
| 4) Misc Pay (if paid different schedule) (gross amount) |  | X Weeks or Months Misc Total = |         |
| 5) Other Income (see application instructions on PG 2)  |  | Other Income Total =           |         |
| <b>Total Annual Income (add lines 1-5 together)</b>     |  |                                | \$ 0.00 |

**D. Spouse or Significant Other/Second Job/Other income**

|   |  |                                |         |
|---|--|--------------------------------|---------|
| 1) Bi-Weekly Pay (gross amount)                         |  | X 26 Weeks =                   |         |
| 2) Monthly Pay (gross amount)                           |  | X 12 Months =                  |         |
| 3) Bi-Monthly Pay (DoD Teachers) (gross amount)         |  | X 21 Weeks =                   |         |
| 4) Misc Pay (if paid different schedule) (gross amount) |  | X Weeks or Months Misc Total = |         |
| 5) Other Income (see application instructions on PG 2)  |  | Other Income Total =           |         |
| <b>Total Annual Income (add lines 1-5 together)</b>     |  |                                | \$ 0.00 |

**E. Retirement Income**

|                                       |  |               |  |
|---------------------------------------|--|---------------|--|
| 1) Bi-Weekly Pay (gross amount)       |  | X 26 Weeks =  |  |
| 2) Monthly Pay (gross amount)         |  | X 12 Months = |  |
| <b>Total Annual Retirement Income</b> |  |               |  |

**F. Total (Gross) Family Income**

|  |                               |
|--|-------------------------------|
| <i>(Add all Total Income blocks together to obtain total gross income)</i> | <b>Total Overall Income =</b> |
|--|-------------------------------|

INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2020 to June 30, 2021

| HOUSEHOLD SIZE   | FEDERAL POVERTY GUIDELINES |        | REDUCED PRICE MEALS - 185 % |         |                 |                 | FREE MEALS - 130 % |        |         |                 |                 |        |
|--|----------------------------|--------|-----------------------------|---------|-----------------|-----------------|--------------------|--------|---------|-----------------|-----------------|--------|
|  | ANNUAL                     | WEEKLY | ANNUAL                      | MONTHLY | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY             | ANNUAL | MONTHLY | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY |
| <del>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</del> |                            |        |                             |         |                 |                 |                    |        |         |                 |                 |        |
| 1  | 12,760                     | 2,366  | 29,606                      | 1,968   | 984             | 908             | 454                | 16,588 | 1,383   | 692             | 638             | 319    |
| 2  | 17,240                     | 3,258  | 31,894                      | 2,658   | 1,329           | 1,227           | 614                | 22,412 | 1,868   | 934             | 862             | 431    |
| 3  | 21,720                     | 4,150  | 40,182                      | 3,349   | 1,675           | 1,546           | 773                | 28,236 | 2,558   | 1,273           | 1,177           | 543    |
| 4  | 26,200                     | 5,042  | 48,470                      | 4,040   | 2,020           | 1,865           | 933                | 34,060 | 3,249   | 1,623           | 1,420           | 655    |
| 5  | 30,680                     | 5,934  | 56,758                      | 4,730   | 2,385           | 2,183           | 1,093              | 39,884 | 3,940   | 1,973           | 1,810           | 767    |
| 6  | 35,160                     | 6,826  | 65,046                      | 5,421   | 2,741           | 2,503           | 1,251              | 45,708 | 4,631   | 2,328           | 2,158           | 879    |
| 7  | 39,640                     | 7,718  | 73,334                      | 6,112   | 3,098           | 2,821           | 1,411              | 51,532 | 5,322   | 2,675           | 2,478           | 991    |
| 8  | 44,120                     | 8,610  | 81,622                      | 6,802   | 3,401           | 3,140           | 1,570              | 57,356 | 4,780   | 2,980           | 2,758           | 1,103  |
| For each add'l family member, add  | 4,480                      | 854    | 10,288                      | 691     | 346             | 319             | 160                | 5,824  | 486     | 243             | 224             | 112    |
| <b>Alaska</b>  |                            |        |                             |         |                 |                 |                    |        |         |                 |                 |        |
| 1  | 15,960                     | 3,032  | 29,508                      | 2,459   | 1,230           | 1,135           | 568                | 20,735 | 1,728   | 864             | 798             | 399    |
| 2  | 21,560                     | 4,076  | 39,868                      | 3,323   | 1,662           | 1,534           | 767                | 28,015 | 2,335   | 1,168           | 1,078           | 539    |
| 3  | 27,160                     | 5,120  | 50,228                      | 4,186   | 2,093           | 1,932           | 966                | 35,295 | 2,942   | 1,471           | 1,358           | 679    |
| 4  | 32,760                     | 6,164  | 60,588                      | 5,049   | 2,525           | 2,331           | 1,166              | 42,575 | 3,548   | 1,774           | 1,638           | 819    |
| 5  | 38,360                     | 7,208  | 70,948                      | 5,913   | 2,957           | 2,729           | 1,365              | 49,855 | 4,155   | 2,078           | 1,918           | 959    |
| 6  | 43,960                     | 8,252  | 81,308                      | 6,776   | 3,388           | 3,128           | 1,564              | 57,135 | 4,762   | 2,381           | 2,198           | 1,099  |
| 7  | 49,560                     | 9,296  | 91,668                      | 7,639   | 3,820           | 3,526           | 1,763              | 64,415 | 5,368   | 2,684           | 2,478           | 1,239  |
| 8  | 55,160                     | 10,340 | 102,028                     | 8,503   | 4,252           | 3,925           | 1,963              | 71,695 | 5,975   | 2,988           | 2,758           | 1,379  |
| For each add'l family member, add  | 5,600                      | 1,112  | 10,360                      | 864     | 432             | 399             | 200                | 7,280  | 607     | 304             | 280             | 140    |
| <b>Hawaii</b>  |                            |        |                             |         |                 |                 |                    |        |         |                 |                 |        |
| 1  | 14,680                     | 2,836  | 28,458                      | 2,264   | 1,132           | 1,045           | 523                | 19,084 | 1,591   | 796             | 734             | 367    |
| 2  | 19,830                     | 3,780  | 36,686                      | 2,958   | 1,529           | 1,411           | 706                | 25,779 | 2,149   | 1,075           | 992             | 496    |
| 3  | 24,980                     | 4,724  | 46,213                      | 3,852   | 1,916           | 1,778           | 889                | 32,474 | 2,707   | 1,364           | 1,249           | 625    |
| 4  | 30,130                     | 5,668  | 55,741                      | 4,646   | 2,323           | 2,144           | 1,072              | 39,169 | 3,260   | 1,633           | 1,507           | 754    |
| 5  | 35,280                     | 6,612  | 65,268                      | 5,439   | 2,720           | 2,511           | 1,266              | 45,864 | 3,822   | 1,911           | 1,764           | 882    |
| 6  | 40,430                     | 7,556  | 74,796                      | 6,233   | 3,117           | 2,877           | 1,459              | 52,559 | 4,380   | 2,190           | 2,022           | 1,011  |
| 7  | 45,580                     | 8,500  | 84,323                      | 7,027   | 3,514           | 3,244           | 1,622              | 59,254 | 4,938   | 2,469           | 2,279           | 1,140  |
| 8  | 50,730                     | 9,444  | 93,851                      | 7,821   | 3,911           | 3,610           | 1,805              | 65,949 | 5,496   | 2,748           | 2,537           | 1,269  |
| For each add'l family member, add  | 5,150                      | 1,028  | 10,328                      | 794     | 397             | 367             | 184                | 6,695  | 558     | 279             | 258             | 129    |

Use this chart  
 →  
 ←