



BAHRAIN SCHOOL

Registration Checklist

STUDENT INFORMATION			
Name:		Grade:	
REGISTRAR - Room E04			
TASK	COMMENTS	INFORMATION	MISSING
<input type="checkbox"/> Complete registration paperwork			
<input type="checkbox"/> Provide Registrar with required documentation High School students must provide official transcript showing credits earned	See reverse page for required documentation by enrollment category	Elementary - Grades K-5 BahrainES.Registrar@eu.dodea.edu Middle/High School-Grades 6-12 BahrainMHS.Registrar@eu.dodea.edu School Website https://www.dodea.edu/BahrainEHS/	
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 Father Student (MS/HSonly)	
COUNSELOR			
<input type="checkbox"/>	Dana, Knight dana.knight@eu.dodea.edu Anchored for Life		Room E02
TUITION - Only for Tuition paying students (At the front desk)			
<input type="checkbox"/>	Check tuition rates, invoice, payment schedule, payment questions, etc.	Marshell.fulwiley@dodea.edu	
ADDITIONAL INFORMATION AVAILABLE with Registrar			
<input type="checkbox"/>	Marshell Fulwiley at marshell.fulwiley@dodea.edu		
<input type="checkbox"/>	Calendars, Dismissals, Newsletter		
<input type="checkbox"/>	Lunch Menu/Ticket Information		
<input type="checkbox"/>	After School Clubs, School Supplies, Extended Leave Forms		

Required Documentation By Enrollment Category

All Students:

- Student's Passport
- Student's Birth Certificate (Kindergarten)
- Enrollment packet with signed 600

Active Duty Military:

- Orders listing Dependents by name
- Dependent Entry Approval Letter

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

SECTION V - STUDENT HEALTH INFORMATION

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

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

SECTION VI - VERIFICATION

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

SECTION VII - FINAL DETERMINATION

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

SECTION VIII - SCHOOL USE

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

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
EDUCATIONAL PRE-SCREENING QUESTIONNAIRE

STUDENT'S NAME _____ GRADE _____ Male Female

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

PRIVACY ACT STATEMENT

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

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

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

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

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

1. Gifted Education:

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

2. At Risk Services:

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

3. Individual Education Program (IEP):

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

4. Exceptional Family Member Program (EFMP):

My child is eligible/enrolled in EFMP Yes No

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

My child has a 504 Plan: Yes No

Sponsor's Signature

Date (MMDDYYYY)

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

DoDEA FORM 700 – Consents and Authorizations

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

PRIVACY ACT STATEMENT

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

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

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

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

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

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

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

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

- Authorize Decline to authorize Disclosure Limited to Yearbook Only

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

- Decline to authorize

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

- Decline to authorize

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

- Decline to authorize

STUDENT NAME:

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

Decline to authorize

SECTION II - SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENTS

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

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

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

STUDENT NAME:

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

SECTION III – EMERGENCY HEALTH CARE NOTICE AND ACKNOWLEDGEMENT

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

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

IV. SIGNATURE BLOCK

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

Signature of Sponsor/Parent/Guardian: _____

Printed Name: _____ **DATE:** _____

Signature of Student Age 18 or older: _____

Printed Name: _____ **DATE:** _____

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

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

INSTRUCTIONS:

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

PRIVACY ACT STATEMENT

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

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

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

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

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

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

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

- 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.
- 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.
- 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.
- I will not transmit copyrighted material, or material protected by trademark or as a trade secret.
- 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.
- 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.
- I will be polite; I will use courteous, respectful language in the use of the DoDEA network.
- 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 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.
- 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.
- 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.
- 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.
- I will not upload or create malicious software, such as, but not limited to, computer viruses, worms, or Trojan horses, or engage in, or attempt to engage in any activity that might harm or destroy data of any user, or harm, disrupt, or interfere with the use of any DoDEA IT resource, another network, or the Internet.

STUDENT NAME:

II. Consequences of Failure to Follow These Terms and Conditions

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

III. Privacy

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

IV. No Warranties

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

V. Security

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

SIGNATURE BLOCK

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

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)	
12. In what language(s) would you like to receive information from the school? _____	

_____ Yes, I give permission for my child to be evaluated for ESOL services and for annual assessment to measure academic and English language progress. I understand the results of this assessment will be shared with me.

_____ No, I do not wish for my child to be evaluated at this time and I waive all assessment and ESOL services. I understand that ESOL language proficiency assessment remains available to my child and that I can rescind this waiver at anytime.

Parent/Guardian Signature

Date

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING Records Reviews	
NAME: _____	POSITION: _____
**DATE OF Data Review _____	OUTCOME OF Data Review <input type="checkbox"/> ADMINISTER Screener <input type="checkbox"/> ENGLISH PROFICIENT - No Screening necessary
MO DAY YR.	
Use three or more sources of data to determine if the student is in need of English language proficiency screening. Data sources can include: student interview, parent interview, class work samples, assessment data (SRI, BAS, PSAT...), report cards, classroom observations, if applicable. List a minimum of three data sources and the corresponding evidence below.	
Data Reviewed:	Evidence/Results:
1.	
2.	
3.	
Adapted from the New York State Education Department. [Home Language Questionnaire.] Internet. Available from http://www.nysed.gov/bilingual-ed/ell-identification-placementhome-language-questionnaire ; December 2018	
*Multilingual versions available for download and use at: http://www.nysed.gov/bilingual-ed/ell-identification-placementhome-language-questionnaire	



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
 BAHRAIN SCHOOL
 PSC 851 BOX 690
 FPO AE 09834-0007



Miller-Smith, Penelope
 Elementary Principal

Telephone: (973)1771-9829
 Fax: (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
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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
BahrainES.Registar@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 Non-Disclosure:	Records will not be made available and credit for previous academic achievement may not be granted.



**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>
2020 - 2021	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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: _____

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

PRIVACY ACY STATEMENT

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

PRINCIPAL PURPOSE(S): To obtain information necessary to enroll students, administer school operations, and protect student health and welfare in DoD operated dependent educational programs.

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

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

Subject: Space-Available Enrollment Form

School Year: 2020-21

Dear Parent/s

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

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

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

Penelope A. Miller-Birth

Principal

Date (MMDDYYYY)

First Endorsement:

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

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

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

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

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

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

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

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

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

Dependent Name (Last, First MI)

Grade

Dependent Name (Last, First MI)

Grade

Dependent Name (Last, First MI)

Grade

Sponsor Signature

Bradley A. Miller-Smith

Principal Signature

Date (MMDDYYYY)

08/27/2019

Date (MMDDYYYY)

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

(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

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) 2019 / 2020. 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)

H-1-1	DEPARTMENT OF DEFENSE EDUCATION ACTIVITY NEW STUDENT HEALTH HISTORY
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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 <input type="checkbox"/> Male	Date of Birth: ____/____/____ (mm / dd / yyyy)
Last First Middle Initial		

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.			
<input type="checkbox"/> Insect sting (bee/wasp/ant) <input type="checkbox"/> Drug/Medication* <input type="checkbox"/> Environmental <input type="checkbox"/> Food* <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: *Name allergen: _____	<input type="checkbox"/> Asthma Date diagnosed: _____ Inhaler needed: Yes / No @ school: Yes / No @ home: Yes / No <input type="checkbox"/> Bronchitis <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sinusitis <input type="checkbox"/> TB Other: _____	<input type="checkbox"/> ADHD date diagnosed: _____ <input type="checkbox"/> Anxiety date diagnosed: _____ <input type="checkbox"/> Autism <input type="checkbox"/> Depression <input type="checkbox"/> Eating disorder <input type="checkbox"/> Self-harm / cutting <input type="checkbox"/> Suicidal thoughts / attempt				
MEDICATION			* My dependent will need medications during school hours for the treatment of _____. * My dependent may need emergency medication during school hours for _____. Identify any condition that warrants daily, as needed, and/or emergency administration of medicine for your dependent and list all medications: _____ _____ _____			
EYES <input type="checkbox"/> Glasses/contact lenses <input type="checkbox"/> Wears glasses full time <input type="checkbox"/> Glasses for reading <input type="checkbox"/> Color deficiency <input type="checkbox"/> Other: _____						
CARDIOVASCULAR			* 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.			
EARS <input type="checkbox"/> Frequent ear infections <input type="checkbox"/> Hearing loss Right/Left <input type="checkbox"/> Hearing aid Right/Left <input type="checkbox"/> Ear tubes Date placed: _____ Right/Left/Both <input type="checkbox"/> Other: _____						
GASTROINTESTINAL			Health Care Treatment, Restrictions Identify any special health care procedures that your dependent may require during the school day: _____ _____ _____			
DENTAL <input type="checkbox"/> Braces <input type="checkbox"/> Other: _____						
MUSCULOSKELETAL			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: _____ _____ _____			
NEUROLOGIC <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Concussion <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Migraine <input type="checkbox"/> Seizure <input type="checkbox"/> Spina bifida <input type="checkbox"/> Sleep disorder <input type="checkbox"/> Other: _____						
GENITOURINARY			** Lactose Intolerant A written note is required from the PCM/doctor stating that student is lactose intolerant.			
ENDOCRINE <input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid <input type="checkbox"/> Other: _____						
SKIN/DERMATOLOGY			<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Sponsor/Parent/Guardian's Signature</td> <td style="width:20%; border: none;">Date</td> <td style="width:30%; border: none;">Primary Phone No.</td> </tr> </table>	Sponsor/Parent/Guardian's Signature	Date	Primary Phone No.
Sponsor/Parent/Guardian's Signature	Date	Primary Phone No.				
<input type="checkbox"/> Acne <input type="checkbox"/> Eczema <input type="checkbox"/> Ingrown toe nail <input type="checkbox"/> Other: _____						

H-2-1	DEPARTMENT OF DEFENSE EDUCATION ACTIVITY REQUIRED IMMUNIZATION CERTIFICATE
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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.

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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 (mm/dd/yyyy)	Dose 2 (mm/dd/yyyy)	Dose 3 (mm/dd/yyyy)	Dose 4 (mm/dd/yyyy)	Dose 5 (mm/dd/yyyy)
DTaP Diphtheria, Tetanus, Pertussis					
Hepatitis A					
Hepatitis B					
Influenza (Annual)					
Measles, Mumps, Rubella					
Measles					
Mumps					
Rubella					
Meningococcal					
Polio					
Tdap Booster 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: _____	Date Read: _____	Result: Neg _____mm Pos _____mm		MD Clearance: 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 2019-2020

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>.

IMMUNIZATION	MINIMUM DODEA REQUIREMENT FOR SCHOOL ATTENDANCE
+ Diphtheria, Tetanus, Pertussis DTaP, DT	* DTaP or DT series (4 doses) completed or on schedule for completion. Fourth dose of DTaP or DT is due at 4th birthday. If administered before the fourth birthday, a fifth dose is required for initial school entry.
Tdap	* Tdap due at 11th birthday.
+ Hepatitis A	* Series (2 doses) completed prior to initial entry into school or on schedule for completion.
+ Hepatitis B	* Series (3 doses) completed prior to initial entry into school or on schedule for completion.
+ Measles, Mumps, Rubella	* Series (2 doses) completed prior to initial entry into school or on schedule for completion.
Meningococcal	* First dose is due at 11th birthday. Second dose is due at 16th birthday. (Bahrain, use local Ministry of Health Schedule)
+ Polio	* Series (4 doses) completed or on schedule for completion. Fourth dose of OPV/IPV is due at 4th birthday. If administered before the fourth birthday, a fifth dose is required for initial school entry.
+ Varicella	* Series (2 doses) completed prior to initial entry into school or on schedule for completion.
+ Hib	* The Hib vaccine is not required for children over 5 years of age.
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, due by December 1 st .

+ May be administered in combination vaccines.

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.



DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE PRINCIPAL
BAHRAIN SCHOOL
PSC 851 BOX 690
FPO AE 09834-0007



Attention: Parents of Bahrain School

Subject: **Meningococcal Vaccine for Requirement for New Students**

The Meningococcal vaccine is a DoDEA School requirement for **all students** attending Bahrain School K-12. This is in accordance with the Kingdom of Bahrain Ministry of Health which recommends a booster Meningococcal vaccine every 5 years for high risk populations. Bahrain is considered a high risk area due to travelers in the meningitis belt and Hajj pilgrimage.

This schedule for the Meningococcal vaccine does vary from what the Center for Disease Control (CDC) recommends for people living in the United States. You can find more information about meningitis and the Meningococcal vaccine at CDC.gov and MOH.gov.

All immunization records and health forms can be mailed, hand-delivered, or emailed to the School Nurse or Health Technician.

Sincerely,

Nicole O'Driscoll RN, BSN

Nicole O'Driscoll
Bahrain School Nurse
(+973) 1771-9815
Nicole.O'Driscoll@dodea.edu

Katie Burns RN, BSN

Katherine Burns
Bahrain School Health Technician
(+973) 1771-9815
Katherine.Burns@dodea.edu

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. 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 439-6719/6719 or BahrainSLO@me.navy.mil. For questions about the SMP, please contact the NEX Customer Service Desk.



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 (YYYY)	PROCESSED BY	DATE (YYYY-MM-DD)	QUALIFICATION CATEGORY	DATE NOTIFIED (YYYY-MM-DD)
			FREE REDUCED 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)	
TOTAL INCOME:	

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



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 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)			
Total Monthly Income (add lines 1-5 together)			
Total Annual Income (Total Monthly Income x 12) + (Line 6)			
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)			
Total Monthly Income (add lines 1-5 together)			
Total Annual Income (Total Monthly Income x 12) + (Line 6)			
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 =	
Total Annual Income (add lines 1-5 together)			
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 =	
Total Annual Income (add lines 1-5 together)			
E. Retirement Income			
1) Bi-Weekly Pay (gross amount)		X 26 Weeks =	
2) Monthly Pay (gross amount)		X 12 Months =	
Total Annual Retirement Income			
F. Total (Gross) Family Income			Total Overall Income =
<i>(Add all Total Income blocks together to obtain total gross income)</i>			



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.

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

DATE (YYYY-MM-DD) SIGNATURE



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

for OMB approval. All comments will also become a matter of public record.

Additional Public Notification

Public awareness of all segments of rulemaking and policy development is important. Consequently, FSIS will announce this **Federal Register** publication on-line through the FSIS web page located at: <http://www.fsis.usda.gov/federal-register>.

FSIS will also announce and provide a link to this **Federal Register** publication through the FSIS *Constituent Update*, which is used to provide information regarding FSIS policies, procedures, regulations, **Federal Register** notices, FSIS public meetings, and other types of information that could affect or would be of interest to our constituents and stakeholders. The *Constituent Update* is available on the FSIS web page. Through the web page, FSIS can provide information to a much broader, more diverse audience. In addition, FSIS offers an email subscription service which provides automatic and customized access to selected food safety news and information. This service is available at: <http://www.fsis.usda.gov/subscribe>. Options range from recalls to export information, regulations, directives, and notices. Customers can add or delete subscriptions themselves and have the option to password protect their accounts.

USDA Non-Discrimination Statement

No agency, officer, or employee of the USDA shall, on the grounds of race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, or political beliefs, exclude from participation in, deny the benefits of, or subject to discrimination any person in the United States under any program or activity conducted by the USDA.

How To File a Complaint of Discrimination

To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, which may be accessed online at http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf, or write a letter signed by you or your authorized representative.

Send your completed complaint form or letter to USDA by mail, fax, or email:
Mail: U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410.

Fax: (202) 690-7442.

Email: program.intake@usda.gov.

Persons with disabilities who require alternative means for communication (Braille, large print, audiotape, etc.), should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Paul Kiecker,

Administrator.

[FR Doc. 2020-05782 Filed 3-19-20; 8:45 am]

BILLING CODE 3410-DM-P

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

Child Nutrition Programs: Income Eligibility Guidelines

AGENCY: Food and Nutrition Service, USDA.

ACTION: Notice.

SUMMARY: This notice announces the Department's annual adjustments to the Income Eligibility Guidelines to be used in determining eligibility for free and reduced price meals and free milk for the period from July 1, 2020 through June 30, 2021. These guidelines are used by schools, institutions, and facilities participating in the National School Lunch Program (and Commodity School Program), School Breakfast Program, Special Milk Program for Children, Child and Adult Care Food Program and Summer Food Service Program. The annual adjustments are required by section 9 of the Richard B. Russell National School Lunch Act. The guidelines are intended to direct benefits to those children most in need and are revised annually to account for changes in the Consumer Price Index.

DATES: Implementation July 1, 2020.

FOR FURTHER INFORMATION CONTACT: J. Kevin Maskornick, Program Monitoring and Operational Support Division, Child Nutrition Programs, Food and Nutrition Service, United States Department of Agriculture, 1320 Braddock Place, Suite 401, Alexandria, Virginia 22314.

SUPPLEMENTARY INFORMATION: This action is not a rule as defined by the Regulatory Flexibility Act (5 U.S.C. 601-612) and thus is exempt from the provisions of that Act.

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3507), no recordkeeping or reporting requirements have been included that are subject to approval from the Office of Management and Budget.

This notice has been determined to be not significant and was not reviewed by the Office of Management and Budget in conformance with Executive Order

12866. The affected programs are listed in the Assistance Listings (<https://beta.sam.gov/>) under No. 10.553, No. 10.555, No. 10.556, No. 10.558, and No. 10.559 and are subject to the provisions of Executive Order 12372, which requires intergovernmental consultation with State and local officials. (See 2 CFR part 415).

Background

Pursuant to sections 9(b)(1) and 17(c)(4) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(b)(1) and 42 U.S.C. 1766(c)(4)), and sections 3(a)(6) and 4(e)(1)(A) of the Child Nutrition Act of 1966 (42 U.S.C. 1772(a)(6) and 1773(e)(1)(A)), the Department annually issues the Income Eligibility Guidelines for free and reduced price meals for the National School Lunch Program (7 CFR part 210), the Commodity School Program (7 CFR part 210), School Breakfast Program (7 CFR part 220), Summer Food Service Program (7 CFR part 225) and Child and Adult Care Food Program (7 CFR part 226) and the guidelines for free milk in the Special Milk Program for Children (7 CFR part 215). These eligibility guidelines are based on the Federal income poverty guidelines and are stated by household size. The guidelines are used to determine eligibility for free and reduced price meals and free milk in accordance with applicable program rules.

Definition of Income

In accordance with the Department's policy as provided in the Food and Nutrition Service publication *Eligibility Manual for School Meals*, "income," as the term is used in this notice, means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) Monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings,

investments, trust accounts and other resources that would be available to pay the price of a child's meal.

"Income", as the term is used in this notice, does *not* include any income or benefits received under any Federal programs that are excluded from consideration as income by any statutory prohibition. Furthermore, the value of meals or milk to children shall not be considered as income to their households for other benefit programs in accordance with the prohibitions in section 12(e) of the Richard B. Russell National School Lunch Act and section 11(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1760(e) and 1780(b)).

The Income Eligibility Guidelines

The following are the Income Eligibility Guidelines to be effective from July 1, 2020 through June 30, 2021.

The Department's guidelines for free meals and milk and reduced price meals were obtained by multiplying the year 2020 Federal income poverty guidelines by 1.30 and 1.85, respectively, and by rounding the result upward to the next whole dollar.

This notice displays only the annual Federal poverty guidelines issued by the Department of Health and Human Services because the monthly and weekly Federal poverty guidelines are not used to determine the Income Eligibility Guidelines. The chart details the free and reduced price eligibility criteria for monthly income, income received twice monthly (24 payments per year); income received every two weeks (26 payments per year) and weekly income.

Income calculations are made based on the following formulas: Monthly

income is calculated by dividing the annual income by 12; twice monthly income is computed by dividing annual income by 24; income received every two weeks is calculated by dividing annual income by 26; and weekly income is computed by dividing annual income by 52. All numbers are rounded upward to the next whole dollar. The numbers reflected in this notice for a family of four in the 48 contiguous States, the District of Columbia, Guam and the territories represent an increase of 1.7 percent over last year's level for a family of the same size.

Authority: Section 9(b)(1) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(b)(1)(A)).

BILLING CODE 3410-30-P

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	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	12,760	23,606	1,968	984	908	454	16,588	1,383	692	638	319
2	17,240	31,894	2,658	1,329	1,227	614	22,412	1,868	934	862	431
3	21,720	40,182	3,349	1,675	1,546	773	28,236	2,353	1,177	1,086	543
4	26,200	48,470	4,040	2,020	1,865	933	34,060	2,839	1,420	1,310	655
5	30,680	56,758	4,730	2,365	2,183	1,092	39,884	3,324	1,662	1,534	767
6	35,160	65,046	5,421	2,711	2,502	1,251	45,708	3,809	1,905	1,758	879
7	39,640	73,334	6,112	3,056	2,821	1,411	51,532	4,295	2,148	1,982	991
8	44,120	81,622	6,802	3,401	3,140	1,570	57,356	4,780	2,390	2,206	1,103
For each add'l family member, add	4,480	8,288	691	346	319	160	5,824	486	243	224	112
ALASKA											
1	15,950	29,508	2,459	1,230	1,135	568	20,735	1,728	864	798	399
2	21,550	39,868	3,323	1,662	1,534	767	28,015	2,335	1,168	1,078	539
3	27,150	50,228	4,186	2,093	1,932	966	35,295	2,942	1,471	1,358	679
4	32,750	60,588	5,049	2,525	2,331	1,166	42,575	3,548	1,774	1,638	819
5	38,350	70,948	5,913	2,957	2,729	1,365	49,855	4,155	2,078	1,918	959
6	43,950	81,308	6,776	3,388	3,128	1,564	57,135	4,762	2,381	2,198	1,099
7	49,550	91,668	7,639	3,820	3,526	1,763	64,415	5,368	2,684	2,478	1,239
8	55,150	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	10,360	864	432	399	200	7,280	607	304	280	140
HAWAII											
1	14,680	27,158	2,264	1,132	1,045	523	19,084	1,591	796	734	367
2	19,830	36,686	3,058	1,529	1,411	706	25,779	2,149	1,075	992	496
3	24,980	46,213	3,852	1,926	1,778	889	32,474	2,707	1,354	1,249	625
4	30,130	55,741	4,646	2,323	2,144	1,072	39,169	3,265	1,633	1,507	754
5	35,280	65,268	5,439	2,720	2,511	1,256	45,864	3,822	1,911	1,764	882
6	40,430	74,796	6,233	3,117	2,877	1,439	52,559	4,380	2,190	2,022	1,011
7	45,580	84,323	7,027	3,514	3,244	1,622	59,254	4,938	2,469	2,279	1,140
8	50,730	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	9,528	794	397	367	184	6,695	558	279	258	129

Dated: February 24, 2020.

Pamilyn Miller,

Administrator, USDA Food and Nutrition Service.

[FR Doc. 2020-05982 Filed 3-19-20; 8:45 am]

BILLING CODE 3410-30-C

DEPARTMENT OF AGRICULTURE

Forest Service

Black Hills National Forest Advisory Board; Meeting

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: The Black Hills National Forest Advisory Board (Board) will meet in Rapid City, South Dakota. The committee is established consistent with, and operates in compliance with the Federal Advisory Committee Act. The purpose of the committee is to improve collaborative relationships and to provide advice and recommendations to the Secretary of Agriculture through the Black Hills National Forest Supervisor on a broad range of forest issues. Board information, including the meeting agenda and the meeting summary/minutes can be found at the following website: <https://www.fs.usda.gov/main/blackhills/workingtogether/advisorycommittees>.

DATES: The meeting will be held on Wednesday, April 15, 2020, at 1:00 p.m. All meetings are subject to cancellation. For updated status of meeting prior to attendance, please contact the person listed under **FOR FURTHER INFORMATION CONTACT**.

ADDRESSES: The meeting will be held at the Forest Service Center, 8221 Mount Rushmore Road, Rapid City, South Dakota 57702.

Written comments may be submitted as described under **SUPPLEMENTARY INFORMATION**. All comments, including names and addresses, when provided, are placed in the record and available for public inspection and copying. The public may inspect comments received at the Black Hills National Forest Supervisor's Office. Please call ahead to facilitate entry into the building.

FOR FURTHER INFORMATION CONTACT: Scott Jacobson, Committee Coordinator, by phone at 605-440-1409 or by email at sjjacobson@fs.fed.us.

Individuals who use telecommunication devices for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1-800-877-8339 between 8:00 a.m. and 8:00 p.m., Eastern Standard Time, Monday through Friday.

SUPPLEMENTARY INFORMATION: The purpose of the meeting is to provide information on the below topics:

- (1) Norbeck Wildlife Preserve 100th Anniversary;
- (2) South Dakota National Guard—Golden Coyote 2020;
- (3) Orientation Topic: Forest Hiring—processes and status;
- (4) F3 Gold Proposal and Environmental Analysis Review;
- (5) Mineral Mountain Resources (MMR) Proposal and Environmental Analysis Review;
- (6) Sustainable Forest Discussion & Timber Sustainability Working Group; and
- (7) 2020 Fire Season.

The meeting is open to the public. If time allows, the public may make oral statements of three minutes or less. Individuals wishing to make an oral statement should submit a request in writing by April 6, 2020, to be scheduled on the agenda. Anyone who would like to bring related letters to the attention of the Board may file written statements with the Board's staff before or after the meeting. Written comments and time requests for oral comments must be sent to Scott Jacobson, Black Hills National Forest Supervisor's Office, 1019 North Fifth Street, Custer, South Dakota 57730; by email to sjjacobson@fs.fed.us, or via facsimile to 605-673-9208.

Meeting Accommodations: If you are a person requiring reasonable accommodation, please make requests in advance for sign language interpreting, assistive listening devices, or other reasonable accommodation for access to the facility or proceedings by contacting the person listed in the section titled **FOR FURTHER INFORMATION CONTACT**. All reasonable accommodation requests are managed on a case by case basis.

Dated: March 16, 2020.

Cikena Reid,

USDA Committee Management Officer.

[FR Doc. 2020-05832 Filed 3-19-20; 8:45 am]

BILLING CODE 3411-15-P

COMMISSION ON CIVIL RIGHTS

Notice of Public Meeting of the Alabama Advisory Committee to Discuss Civil Rights Topics in the State

AGENCY: U.S. Commission on Civil Rights.

ACTION: Announcement of meeting.

SUMMARY: Notice is hereby given, pursuant to the provisions of the rules

and regulations of the U.S. Commission on Civil Rights (Commission) and the Federal Advisory Committee Act that the Alabama Advisory Committee (Committee) will hold a meeting on Thursday, April 9, 2020, at 1:00 p.m. (Central) for the purpose discussing the final draft of the Voting Rights report. Additionally, the Committee may discuss future topics of study.

DATES: The meeting will be held on Thursday, April 9, 2020, at 1:00 p.m. (Central).

ADDRESSES: Public Call Information: Dial: 800-367-2403, Conference ID: 6386607.

FOR FURTHER INFORMATION CONTACT: David Barreras, DFO, at dbarreras@usccr.gov or 312-353-8311.

SUPPLEMENTARY INFORMATION: Members of the public can listen to the discussion. This meeting is available to the public through the following toll-free call-in number: 800-367-2403, conference ID: 6386607. Any interested member of the public may call this number and listen to the meeting. An open comment period will be provided to allow members of the public to make a statement as time allows. The conference call operator will ask callers to identify themselves, the organization they are affiliated with (if any), and an email address prior to placing callers into the conference room. Callers can expect to incur regular charges for calls they initiate over wireless lines, according to their wireless plan. The Commission will not refund any incurred charges. Callers will incur no charge for calls they initiate over land-line connections to the toll-free telephone number. Persons with hearing impairments may also follow the proceedings by first calling the Federal Relay Service at 1-800-977-8339 and providing the Service with the conference call number and conference ID number.

Members of the public are also entitled to submit written comments; the comments must be received in the regional office within 30 days following the meeting. Written comments may be mailed to the Midwestern Regional Office, U.S. Commission on Civil Rights, 230 S Dearborn Street, Suite 2120, Chicago, IL 60604. They may also be faxed to the Commission at (312) 353-8324 or emailed to David Barreras at dbarreras@usccr.gov. Persons who desire additional information may contact the Midwestern Regional Office at (312) 353-8311.

Records generated from this meeting may be inspected and reproduced at the Midwestern Regional Office, as they

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR

 APPROPRIATED FUND ACTIVITIES NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
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4. TELEPHONE NUMBER (Include Area Code)	5. E-MAIL ADDRESS
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PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY NSA Bahrain	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS Bahrain School K-12	8. PROGRAM WHERE SERVICE OCCURS School Volunteer in classroom and school setting.	9. ANTICIPATED DAYS OF WEEK Varied: Sunday - Thursday	10. ANTICIPATED HOURS Varied
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11. DESCRIPTION OF VOLUNTEER SERVICES Individual will support Bahrain School under line of sight supervision from DoDEA Europe South Staff. Individual will help in classrooms and various school settings.
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PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION I expressly agree that my services (or those of my minor child) are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)	c. DATE SIGNED (YYYYMMDD)
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) Miller-Smith, Penelope	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	

Volunteer Interest and Contact Information Update

Please read the information below and check the appropriate box regarding your interest in volunteering at Bahrain Community School. Return the completed form to the school secretary.

- Interested in / Currently volunteering** (Complete the front and back of this form)
- Not interested at this time** (Complete highlighted contact information area only)

Student Name _____ Grade/Teacher _____

Student Name _____ Grade/Teacher _____

Student Name _____ Grade/Teacher _____

Primary Contact Name _____ Relationship _____

Home Email _____ Mobile _____

Work Email _____ Work/DSN Phone _____

Secondary Contact Name _____ Relationship _____

Home Email _____ Mobile _____

Work Email _____ Work/DSN Phone _____

The above information will be used to update the school contacts for the newsletter and correspondences. Please print legible.

Check all services for which you are interested in volunteering and availability

- | | | |
|---|--|--|
| <input type="checkbox"/> Classroom activities | <input type="checkbox"/> Sunday morning | <input type="checkbox"/> Sunday afternoon |
| <input type="checkbox"/> Chaperone Field Trips * | <input type="checkbox"/> Monday morning | <input type="checkbox"/> Monday afternoon |
| <input type="checkbox"/> Athletic Coaching * | <input type="checkbox"/> Tuesday morning | <input type="checkbox"/> Tuesday afternoon |
| <input type="checkbox"/> Playground / Lunch Supervision | <input type="checkbox"/> Wednesday morning | <input type="checkbox"/> Wednesday afternoon |
| <input type="checkbox"/> Information Center | <input type="checkbox"/> Thursday morning | <input type="checkbox"/> Thursday afternoon |
| <input type="checkbox"/> Extracurricular Activities | | |
| <input type="checkbox"/> Tutoring or In-class 1:1 student support | | |
| <input type="checkbox"/> Home projects (items to do at home and return) | | |

*** Overnight chaperones and coaches will require a background check before volunteering.**

Bahrain Elementary school - Supply List 2019-2020

Kindergarten Supply List

Fat Pencils
Primary composition notebooks
Glue Sticks
Box of Crayons
Box of 8 markers
Set of Watercolor Paints
Box of Tissues
Book bag (without Wheels)
Headphones (optional)

1st Grade Supply List

4 boxes of #2 pencils
1 set of markers
1 box of colored pencils
1 box of crayons
6 large glue sticks
1 pair scissors
2 boxes of tissues
1 soft pencil bag
4 big rubber erasers
2 packs of pencil top erasers
2 wide ruled composition notebooks
1 book bag
Earbuds/headphones (optional)

2nd Grade Supply List

4 boxes of #2 pencils
2 big rubber erasers
1 box of Crayola crayons
1 package of thin line markers
8 glue sticks
1 pair scissors
1 box tissue
1 book bag
5 plain pocket folders
4 composition books (wide ruled)
4 highlighters
1 Pack dry erase markers
Earbuds/headphones (optional)

3rd Grade Supply List

2 Boxes of #2 pencils
1 Pair Scissors
2 Glue Sticks
1 Box Tissue
2 Packs of wide-rule notebook paper
5 3-prong/ pocket folders (Plastic)
2 Highlighters
1 one 1/2 inch binder
1 large eraser
4 Composition books (Wide ruled)
1 book bag
Dividers
Earbuds/headphones (optional)

4th Grade Supply List

2 packs of wide ruled notebook paper
2 boxes of #2 pencils
1 box of crayons
1 box of colored pencils
4 glue sticks
2 pocket folders
4 composition notebooks (wide ruled)
2 highlighters
1 large eraser
1 box of tissues
1 pencil case
Earbuds/headphones (optional)

5th Grade Supply List

2 packs of wide ruled notebook paper
2 boxes of #2 pencils
1 box of crayons
2 red grading pens or pencils
1 box of colored pencils
1 liquid glue bottle
1 pair of scissors
1 pencil case
2 composition notebooks (wide ruled)
1 - 2 inch binder (IMPORTANT)
2 highlighters
1 large eraser
1 box of tissues
Earbuds/headphones (optional)

**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.navhospneples.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.navhospneples.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: _____