

**APPLICATION FOR ENROLLMENT IN A NON-DOD SCHOOLS PROGRAM
FOR SCHOOL YEAR _____ - _____**

PRIVACY ACT STATEMENT

AUTHORITY: Sections 921-932 of Title 20, and E.O. 9397.

PRINCIPAL PURPOSE(S): The primary use of this information is by Department of Defense Education Activity (DoDEA) officials to: (a) determine the eligibility of children to attend these schools; (b) make arrangements for education and payment made, as required; (c) schedule children for transportation; and (d) monitor special education services required by and received by the student.

ROUTINE USE(S): Additional disclosure of germane information is authorized to other officials of the Department of Defense requiring information for operation of the Department (including defense investigative agencies and recruiting officials). Routine disclosure of certain information is authorized outside the Department of Defense. The sponsor's name, rank, and branch of service may be released to former students for the purpose of organizing reunion activities. The "Blanket Routine Uses" set forth at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, as published at <http://www.defenselink.mil/privacy/notices/osd/>, apply to this system.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or result in the denial of educational benefits for the dependent of the individual requested to complete this form.

PART I - TO BE COMPLETED BY THE SPONSOR

Under the provisions of DoDEA Regulation 1035.1, request that the following command sponsored dependent be authorized to enroll in the following non-DoD school:

1. NAME OF NON-DOD SCHOOL DESIRED TO ENROLL <i>(Include City and Country)</i>	2.a. ENROLLMENT START DATE (YYYYMMDD)	b. GRADE IN SCHOOL
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3.a. STUDENT NAME <i>(Last, First, Middle Initial)</i>	b. DATE OF BIRTH (YYYYMMDD)
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4.a. DID YOUR CHILD RECEIVE SPECIAL EDUCATION OR 504 ACCOMMODATIONS AT THE PREVIOUS SCHOOL? <i>(If Yes, attach copy of IEP or 504 Plan.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	b. IS YOUR DEPENDENT ENROLLED IN EFMP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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5. SPONSOR INFORMATION

a. NAME <i>(Last, First, Middle Initial)</i>	b. SOCIAL SECURITY NUMBER
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c. RANK/GRADE/SERVICE	d. Deros	e. MAP/FMS/SAO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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f. UNIT NAME AND MAILING ADDRESS	g. LOCAL MILITARY MAILING ADDRESS <i>(If different from f.)</i>
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h. DUTY TELEPHONE NUMBER	i. HOME TELEPHONE NUMBER	j. UNIT FAX NUMBER
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k. E-MAIL ADDRESS

l. NAME AND LOCATION OF NEAREST DOD SCHOOL

m. DISTANCE FROM SPONSOR'S PLACE OF RESIDENCE TO NEAREST DOD SCHOOL <i>(Miles)</i>	n. DISTANCE FROM SPONSOR'S PLACE OF RESIDENCE TO NON-DOD SCHOOL <i>(Miles)</i>
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6. SPONSOR'S CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I also certify that the dependent named in Item 3 is command sponsored. I will notify the NDSP Program Manager in case of withdrawal of my dependent prior to the end of the term. I understand that I am responsible for any costs incurred that are not approved for payment by DoDEA.
(Attach copies of Sponsor's PCS orders, Reimbursement of Transportation Expenses and Verification of Eligibility Forms.)

a. SIGNATURE OF SPONSOR	b. DATE (YYYYMMDD)
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PART II - TO BE COMPLETED BY THE COMMANDER

7. COMMANDER ENDORSEMENT

a.	<input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR	b. DATE (YYYYMMDD)	c. TELEPHONE NUMBER	d. TYPED NAME <i>(Last, First, Middle initial)</i>
e. RANK/GRADE	f. UNIT/APO/FPO	g. SIGNATURE		

PART III - TO BE COMPLETED BY THE NON-DOD ELIGIBILITY OFFICER

8.a.	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. DATE (YYYYMMDD)	c. TYPED NAME OF NON-DOD ELIGIBILITY OFFICER <i>(Last, First, Middle Initial)</i>	d. SIGNATURE
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