AFNORTH REGISTRATION FORMS
US SECTION

To avoid frustration during the registration process, we have restricted the number of forms to the minimum and reduced the retyping of your name, address and other basic data.

To use these forms, type in the appropriate information on the "Data Collection Sheet" This will enter data such as the sponsor's name on all the subsequent forms. You can then fill in the rest of the forms by manually typing the required data or print the forms and finish filling them in with a pen.

You can save this form to your own computer and edit it as you get additional data.

When it is completed, you can email it to the school or bring this into the school in a digital or printed form. Important: While you may start the registration process with these forms, you must still finalize the registration at the school -- present orders, ID cards, etc. -- and sign the forms in person.

We hope using this process allows you greater control over your data and will speed up registration. If you have any suggestions for further improvement, please let your local registrar or principal know. Again, welcome to the Isles District.

If you wish to email the filled form, please save it to your computer, then attach it to an email to:

Elementary school:
afnorthES.registrar@eu.dodea.edu

Note to sponsors and registrar:

When enrolling one student, print pages 3-28
When enrolling two students, print pages 3-42
When enrolling three students, print pages 3-56
(pages are arranged to print double-sided)

Reset Form Print Pages

Data Entry Page: This data should be information appropriate for your **new duty station**. Use this first page to enter data which will populate the forms, so you won't have to provide the information over and over again on all forms. The forms can then be printed and any blanks filled in with a pen or else you can type in the information required. If you do not have all of your information, you can save this form and later add the information when you get it, then EMAIL it to us ahead of time and we can print the pages we need for your student before you arrived to sign and present credentials (orders, ID cards, etc)

Student Data	**Student 1**	**Student 2**	**Student 3**
Last Name, First Middle			
Preferred name			
Current Grade Level			
Birthday (mm/dd/yyyy)			
Sponsor Relationship			
Citizenship of Student			
School			
Gender	◯ M ◯ F	◯ M ◯ F	◯ M ◯ F
Bus Needed Enter Year	Current --- Next	Current --- Next	Current -- Next

Sponsor data	
Last Name, First Middle	
Title/Rank	
Organization	
Location of Unit	
Rotation/ETS date	
Duty email address	
Private email address	
Home Phone	
Duty Phone	
Mobile Phone	
Mailing Address	
Physical Address	
Date signed	

Spouse data	
Last Name, First Middle	
Title/Rank	
Spouse Employer	
Spouse Duty Station Address	
Spouse Duty Phone	
Spouse Mobile Phone	

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION

INSTRUCTIONS
1. Completed by Sponsor
2. Print (Ink) or type all entries.
3. Leave shaded areas blank.
4. See supplemental sheet for assistance.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2164, 20 USC 921

PRINCIPAL PURPOSE(S): Required for enrollment of dependents into DoDEA Schools. Provides record of student and sponsor demographic data used in the administration of school programs. Provides emergency contact, pertinent medical and other vital information.

ROUTINE USE(S): Data is collected and entered into the automated School Information Management System for use by DoDEA personnel in providing educational and management programs. Release of student information to non-DoDEA personnel is restricted to U.S. Government personnel and other authorized individuals as approved by DoDEA. Sponsor information may be released to other schools, colleges, and prospective employers as part of the individual student record.

DISCLOSURE: Voluntary. Disclosure of the Social Security Number will expedite the registration process.

SECTION I – STUDENT INFORMATION

1a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender ○ M ○ F	e. Home Phone	f. Student Unique ID	g. Student Grade
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student? Y N	r. Local Use

2a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender ○ M ○ F	e. Home Phone	f. Student Unique ID	g. Student Grade
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student? Y N	r. Local Use

3a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender ○ M ○ F	e. Home Phone	f. Student Unique ID	g. Student Grade
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student? Y N	r. Local Use

SECTION II – SPONSOR INFORMATION

4. Sponsor's Name (Last, First, Middle Initial)	5. Sponsor SSN/Unique ID no longer required	6. Pay/Civ Grade	7. Title / Rank
8. Organization	9. Location of Unit	10. Duty Phone	11. Rotation / ETS Date

12. Spouse's Name (Last, First, Middle Initial)	13. Spouse's Title	14. Spouse's Employer	15. Spouse's Duty Ph.

16. Mailing Address (e.g. APO/FPO) (If different from Physical)	17. Physical Quarters Address (Street, City, State, Zip Code)

18. Sponsor Cell Phone	19. Spouse Cell Phone	20. Email Address
21. Pager Number	22. Reserved	23. Local Use

SECTION III – LOCAL EMERGENCY CONTACT INFORMATION

24a. Emergency Contact Name (Not Sponsor or Spouse)	24b. Contact Duty Phone	24c. Contact Home Phone
24d. Emergency Contact Address (During Day)	24e. Doctor's Name (If not Military Clinic)	24f. Doctor's Phone Number
25a. Emergency Contact 2 Name (Optional)	25b. Contact 2 Duty Phone (Optional)	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)	25e. Local Use	

SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION

26a. Contact Name	26b. Contact Home Phone
26c. Contact Address	26d. Relationship to Sponsor

SECTION V – CONSENT and SCHOOL USE INFORMATION

I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.

I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below.

I verify the information is correct or has been corrected.

27. Exceptions (If none, enter NONE)		34. First Day Student Starts School (MMMDDYYYY)	35. DoDAAC
		36. School Name	
		37. Orders on File / Verified Y N	
		38. Birth Date Verified Y N	
		39. Reserved Y N	
28. Signature of Sponsor	29. Date (MMMDDYYYY)	40. Registrar's Initials	41. Date (MMMDDYYYY)
30. Reserved	31. Reserved	42. Reserved	
32. Local Use	33. Local Use	43. Local Use	

AFNORTH INTERNATIONAL SCHOOL

Directorate Registration Form

SECTION:

CAN	**GER**	**UK**	**US-E**	**US-H**

Student Name Last, First, Middle Initial	Sex (M / F)	Date of Birth (DDMMYY)	Nationality	Year Level

Sponsor Name Last, First, Middle Initial | Relationship to student

Rank/Civ Grade/Position | Rotation Date (DDMMYY) | SSN/SIN or other Service #

Organization: (*please* ✔)

JFC HQ	Kleine Brogel	NAPMA	NPC Glons		Kerkrade
GK/NATO	Rheindahlen	DFS Beek	M'Gladbach	USAG Schinnen	Other

ARMY	NAVY	AIR FORCE	CIVILIAN

Duty/Work phone (+country code) | Duty/Work address

Work e-mail

Home address: Street Number, Town, Postal Code, Country

Private E-mail | Home phone (+country code)

SPOUSE Name Last, First, Middle Initial | Employer

Duty/Work phone (+country code) | Duty/Work address

Emergency Contact Name Last, First | Home phone (+country code) | Office phone(+country code)

Sponsor Signature: _____ Date: _____

School Use Only

Entitled	Entitled fee paying	Non Entitled

School Bus Information:

Morning Bus	Midday Bus	Afternoon Bus

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Department of Defense Education Activity
Questionnaire for Race/Ethnicity and Home Language

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to $ 5000.

Race/Ethnicity questions comply with OMB Standards for Maintaining, Collecting, and Presenting Data for Race and Ethnicity, dated 30 Oct 97

STUDENT NAME: _____ **DATE:** _____

PLEASE ANSWER ALL SECTIONS

ETHNICITY (Mark one)

○ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

○ **NOT Hispanic or Latino.**

RACE (Mark one or more)

☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American.** A person having origins in any of the black racial groups of Africa.

☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

HOME LANGUAGE (Yes or No)

1. Does an adult in the household speak a language other than English at home?

○ **Yes** ○ **No**

2. Does the child you are registering speak a language other than English at home?

○ **Yes** ○ **No**

If the answer to either question number 1 or number 2 is "yes," please complete the Home language Questionnaire.

ESL Home Language Questionnaire – Student Name: _____

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

1. What language is commonly spoken in your home?

   ◯ English ◯ Another Language (Please specify):_____

2. Does the child you are registering speak a language other than English? (Excluding foreign lang. studied in school.)

   ◯ No ◯ Yes If yes: What language is spoken? _____

3. What language did your child use when he/she first began to talk?

   ◯ English ◯ Another Language (Please specify)_____

4. Has your child attended English-speaking schools?

   ◯ No ◯ Yes If yes: How many years? _____

5. What language does your child read and/or write?

   ◯ English ◯ Another Language (Please specify)_____

6. What language do you most often use when speaking with your child?

   ◯ English ◯ Another Language (Please specify)_____

7. What language does your child use most often when speaking to you?

   ◯ English ◯ Another Language (Please specify)_____

8. If your child is cared for by another person on a regular basis, what language is most often used?

   ◯ English ◯ Another Language (Please specify)_____

9. Do you as a parent need to communicate with the school in a language other than English?

   ◯ No ◯ Yes If yes, in what language?_____

If, based on the results of this questionnaire, it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.
2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

_____ _____

Parent Signature Date

To be completed by ESL Teacher:

Recommendation: _____ Proficiency Testing _____ Records Review _____ No ESL Services Required

Signature of ESL Teacher: _____ Date: _____

Distribution: Original to Student's Cumulative File, Copy to ESL Teacher

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. sections 2164 and 20 U.S.C. sections 921-932.
PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.
ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at http://www.defenselink.mil/privacy/notice/osd. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.
DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

NAME (***Last, First, Middle Initial***)

Check: ◯ Female ◯ Male

Date of Birth:

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

VISION
- ☐ Wears glasses for reading
- ☐ Wears glasses full time
- ☐ Wears contacts
- ☐ Color deficiency
- ☐ Other

HEARING
- ☐ Frequent ear infections
- ☐ Ear tubes
  Insertion date:
  Are tubes currently in place:
  Right? YES ☐ NO ☐
  Left? YES ☐ NO ☐
- ☐ Hearing loss: Right ☐ Left ☐
- ☐ Other

ENDOCRINE
- ☐ Diabetes
- ☐ Other

DERMATOLOGY
- ☐ Eczema
- ☐ Other

GENITOURINARY
- ☐ Bladder control problems
- ☐ Urinary track infections
- ☐ Other

RESPIRATORY
- ☐ Bronchitis
- ☐ Cystic fibrosis
- ☐ Sinusitis
- ☐ Other

CARDIOVASCULAR
- ☐ Sickle cell disorder
- ☐ Heart murmur
- ☐ Hemophilia/Other Bleeding disorders
- ☐ Rheumatoid heart disease
- ☐ Other

MUSCULOSKELETAL
- ☐ Muscular Dystrophy
- ☐ Scoliosis
- ☐ Other

GASTROINTESTINAL
- ☐ Hernia
- ☐ Other

DENTAL
- ☐ Braces
- ☐ Other

ASTHMA
Date of Diagnosis:

Inhaler needed:
@ school * YES ◯ NO ◯
@ home YES ◯ NO ◯

PSYCHIATRY
- ☐ Anorexia
- ☐ Bulimia
- ☐ Autism
- ☐ ADD/ADHD
- ☐ Depression
- ☐ Substance abuse history
- ☐ Suicidal
- ☐ Other

NEUROLOGICAL
- ☐ Cerebral Palsy
- ☐ Frequent headaches
- ☐ Migraines
- ☐ Spina Bifida
- ☐ Seizures
- ☐ Sleep disorder
- ☐ Other

ALLERGIES (A SHSG Form H-3-7 should be completed.)
- ☐ Bee sting
- ☐ Wasp sting
- ☐ Other insects
- ☐ Seasonal
- ☐ Environmental
- ☐ Food
- ☐ Lactose intolerance (The school will need a letter from the doctor stating that the student is lactose intolerant.)

PROCEDURES: (A SHSG Form H-4-9 should be completed.)
- ☐ My child will/may require special health care procedures during the school day. (See page 2.)

RESTRICTIONS
- ☐ My child has a condition that warrants restriction of activities during school hours. (See page 2)

- ☐ My child takes daily medication at home.
- ☐ My child will need medications during school hours. (* See page 2.)
- ☐ My child may need emergency medications during school hours. (* See page 2.)

*** MEDICATIONS DURING SCHOOL HOURS:** SHSG: H-3-2, 3-3 and/or 3-8 forms must be signed by the physician and a parent; and must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY

Explain any of the above here or attach additional pages.

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

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

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

Parent/Sponsor's Signature:	**Primary phone #:**	**Date:**

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
SPECIAL NEEDS QUESTIONNAIRE

STUDENT'S NAME_____**GRADE**_____ **Male** ○ **Female** ○

Sponsor's Name_____**Phone:**_____/_____
Duty **Home**

COMPLETE ONLY THOSE SECTIONS WHICH DESCRIBE YOUR CHILD'S SPECIAL NEEDS

☐ My child has been in SPECIAL EDUCATION and has an Individualized Education Program (IEP) for:

- ☐ Learning Impairment/Disability
- ☐ Physical Impairment/ Other Health Impaired
- ☐ Communication Impairment
- ☐ Emotional Impairment
- ☐ Developmental Delay

(Please provide IEP and other records to school.)

☐ My child speaks LIMITED OR NO ENGLISH.

First language of Father:_____ Mother:_____
Languages spoken by the child: _____
Child's best language is: _____
Number of years child has attended English speaking schools: _____

○ I give ○ I do not give my permission for the school to screen my child's English ability.

☐ My child received help in a COMPENSATORY EDUCATION PROGRAM/ A 504 PLAN *(non-special education academic assistance)* for:

- ☐ Reading
- ☐ Math
- ☐ Language Arts

☐ My child was enrolled in a TALENTED AND GIFTED / HONORS PROGRAM.

Previous TAG/honors enrollment at: _____.
Name of School and Location

○ Test Scores Available ○ Test Scores Not Available

☐ The school SHOULD BE AWARE OF THE FOLLOWING:

- ☐ Consider special seating in the classroom: for vision ☐ for hearing ☐
- ☐ Limited or no physical education because_____
- ☐ Counseling services need to be considered.
- ☐ My child was retained in _____ grade.
- ☐ Other needs or comments:_____
- ☐ I prefer to discuss my child's needs privately with the school counselor. Please call me.

☐ I am enrolled in the Exceptional Family Membership Program due to my child's:

- ☐ Educational Needs
- ☐ Medical Needs

☐ My child does not have any special needs.

_____ _____
Sponsor's Signature ***Date***

Rev: 01/16/07

If you stated in the Special Needs Questionnaire that your child had any Special Needs, please fill in this document as appropriate:

	If your child attended Sure Start, what date did they start?		
Please indicate in the table below what previous experiences your student has had in the current and earlier years:			
Programs or Services	No	Yes	Dates this service was provided:
Reading Improvement	○	○	
Remedial Math	○	○	
English as a Second Language	○	○	
Chapter 1 or Title 1	○	○	
Talented or Gifted Class	○	○	
Other	○	○	
Special Education Areas			
Learning Disability	○	○	
Visually Impaired	○	○	
Hearing Impaired	○	○	
Physical Therapy	○	○	
Occupational Therapy	○	○	
Speech/Language Therapy	○	○	
Physically Handicapped	○	○	
School Psychologist or Counselor	○	○	
Educable Mentally Handicapped	○	○	
Trainable Mentally Handicapped	○	○	
Other	○	○	
Students in special education services have an Individual Educational Plan (IEP). Did your child have an active IEP at the previous school? ○YES ○NO			
Sponsor's Signature:			

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

FORM 700 – Consents and Authorizations

SY _____/_____

INSTRUCTIONS 1. Completed by Sponsor 2. Print (Ink) or type all entries.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932.
PRINCIPAL PURPOSE: 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.
ROUTINES USE(STo Federal, State and local government officials to protech 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.

1. Last Name	2. First Name	3. Student ID

SPONSOR OR GUARDIAN DESIGNATIONS

1. Field Trips: I permit the student(s) that I am registering with this form to participate in authorized DoDEA school field trips as initiated below: **(Mark the appropriate box)**

☐ **All** scheduled authorized field trips ☐ **Individual** field trip by field trip

2. Media Release: I give permission for my student(s) name and/or image to be used in various media including newsletters, DoDEA web sites (images only), DODEA print and video productions, military community publications, military affiliated publications (Stars & Stripes), military affiliated electronic media (AFN/AFRTS), and public media (local, host nation, U.S. national newspapers, magazines, television). **(Mark the appropriate box)**

☐ Authorize release ☐ Decline release

3. Internet Agreement: I understand that the student(s) I am registering will receive instruction in the appropriate use of DoDEA information technology resources; that in order to use DoDEA resources they must read, understand, and agree to abide by the *Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students.* If they violate the Terms and Conditions, I understand they may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions. (**Mark box indicating agreement)**

☐ Sponsor or Guardian Agreement

4. **11th & 12th grade students only:** I authorize the release of my students' information to military recruiters. **(Mark the appropriate box)**

☐ Authorize release ☐ Decline release

I verify the information is correct or has been corrected.	DATE: (MM/DD/YYYY)
Signature of Sponsor _____	_____

Terms and Conditions

I. Acceptable Use

A. I agree to use DoDEA's computer services only in support of my education and research consistent with the educational objectives of the DoDEA. I will not download files or subscribe to bulletin boards that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.

B. I will respect and adhere to all of the rules governing access to DoDEA computing resources and the rules of any other network or computing resource to which I have access through the DoDEA equipment.

C. I understand transmission (sent or received) of any material in violation of any U.S. or state regulation is strictly prohibited and may violate criminal law. I will not transmit obscene, sexually suggestive or offensive, lascivious, harassing, or abusive messages, copyrighted material, or material protected by trademark or as a trade secret.

D. I will not publish the name, photograph, home address or telephone number of myself, another student, faculty, or any other person.

E. I understand using the DoDEA computer equipment for commercial, product advertisement or political lobbying is prohibited and may be illegal.

II. Privileges

A. I understand that the use of the network is a privilege, not a right, and use inconsistent with these Terms and Conditions may result in a cancellation of those privileges. (Each student will receive instruction regarding the terms and protocols referenced in this document before network access is provided.)

B. I will be disciplined if I send messages or download files inconsistent with these Terms and Conditions. At the discretion of the principal and teacher, I may lose the privilege of using the Internet permanently and face suspension or expulsion. Copies of the inappropriate materials will be reported to the building administration and kept on file.

III. Internet Etiquette

A. I will be polite. I will not use sexual or abusive language in my messages to others.

B. I will use courteous, respectful language. I will not swear, use vulgarities, sexual, harsh, or disrespectful language. Illegal activities are strictly forbidden.

C. I understand any transmission, including electronic mail, is not private and that my communications and access will be monitored.

D. I will evaluate information carefully. As with any research material, I must review it for accuracy and bias.

E. I will not use the network in such a way as to disrupt the use of the network by other users. This can be avoided by not sending "chain letters," or "broadcast" messages to lists or individuals.

IV. No Warranties

A. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.

B. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services.

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 computer resources or violations of any U.S. or foreign laws.

V. Security

A. I understand security on any computer 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 ot her individuals. 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 the network if I am identified as a security risk.

VI. Vandalism

A. I understand vandalism will result in cancellation of privileges.

B. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

PARENT eMail WAIVER

I, _____, understand that depending on their age, my child maybe or will be given an email account by one of the **Isles District Schools**. This account is provided to the student by DoDDS-E.Net, and supports the Children's Online Privacy Protection Act (COPPA) and the Children's Internet Protection Act (CIPA). I understand that the district has determined what features my child has access to, which may include email, message boards, chat rooms, blogs, and digital storage lockers. I understand that all email messages and postings will be automatically filtered for inappropriate words and images, and that any messages determined to be questionable will be diverted to my student's email administrator for review. Consequences for misuse of email will be determined by the district, and may include restrictions, loss of privileges, or other disciplinary action. I further understand that my student's administrator can view my student's email account and digital locker at any time. While DoDDS-E and the district use a variety of measures to protect its users, no system will stop 100% of inappropriate content. DoDDS-E and the district accept no responsibility for harm caused directly or indirectly by its use.

By signing this agreement, I and my son/daughter agree to use the provided email account in an appropriate manner and abide by the district's policies for use.

School: _____

Student Name: (please print)

_____

Student Signature:

_____ Date: _____

Parent/Guardian Signature:

_____ Date: _____

This page left blank on purpose

AFNORTH INTERNATIONAL SCHOOL MEDICAL POWER OF ATTORNEY

In the event that my dependent, _____, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision or while participating in any activities sponsored by AFNORTH International School, I authorize and release to any agent or employee of the school to send my dependent to any U.S. or civilian medical treatment facility if deemed necessary by the above referenced authority.
I understand that the above named authority of AFNORTH International School will use all diligent and reasonable efforts to contact my spouse or me. If neither my spouse nor I can be contacted after reasonable attempts, by either the said school or treatment facility, I authorize and release any physician or other qualified medical personnel to examine my child and provide any and all emergency care necessary for treating injuries and illness.

Medical information about the above mentioned dependent
1. My dependent has the following medical problems (such as diabetes, seizures, asthma, heart, kidney disease, etc.):_____YES____ NO_____
_____
2. My dependent is allergic to the following (such as medications, bee stings, food, etc.):_____YES____ No____
_____
3. My dependent takes the following medications on a regular or "as needed" basis (list the name and amount of each medication):_____YES____ NO_____

CONTACT INFORMATION FOR THE NURSE'S OFFICE
WE MUST HAVE ACCURATE AND CURRENT PHONE NUMBERS

Student's Name _____ Grade _____

Date of Birth _____

Sponsor and Spouse's Names _____

Physical Address _____

Home Phone _____

Sponsor's Unit _____ Work Phone _____ Cell _____

Spouse's Work Place _____ Work Phone _____ Cell_____

Primary email address: _____

Secondary email address: _____

Emergency contact name and number _____ Pickup authorized?

Alt Emergency Contact Name and num: _____ Pickup authorized?

I AGREE TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE INFORMATION ABOVE

Signature of Parent/Guardian _____ Date _____

Civilian "Pay Patient" Yes No

PRIVACY ACT NOTICE: AUTHORITY: Title V, Sec. 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parents' absence. ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names; (c) To supply health and medical information about student. This form is used by DoDDS employees and trained medical personnel in emergency. Social Security number of sponsor (US citizens) is required by military medical facilities in case of emergency referral. MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Mandatory.
School personnel will not be able to provide emergency care and health services in parents' absence.

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STUDENT BEHAVIOR STANDARDS FOR SCHOOL BUS STUDENTS
AND SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENT

I, the DoDEA sponsor, acknowledge that I have received a copy of the following enclosures:

Enclosure E8.A1. Letter from the superintendent addressing student behavior on the school buses.
Enclosure E8.A2. Behavior Standards on or around school buses
Enclosure E8.A3 List of possible school bus infractions and recommended consequences.

I have explained the school and school bus behavior standards and necessity for those standards to my student(s), and I have explained that I expect these school and school bus behavior standards to be followed.

I understand that actions for misbehavior could include suspension or revocation of bus rider privileges, and other school disciplinary action.

If required, I agree that I will serve as a school bus monitor or that I will be responsible for finding a person to serve, as a monitor on my behalf, should I be required to serve by the military commander.

_____ _____

Signature of Sponsor/Parent/Guardian (Student age 18 or over) Date Signed

Please print dependent names.

_____

_____

_____

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REQUEST FOR STUDENT RECORDS	**DATE:**	

PRIVACY ACT NOTICE

AUTHORITY: Title V, USC, Section 22a
ROUTINE USES: Used by School and Records managers in all elements of DoDDS-A to request records for students enrolling. Personal data cited is derived from enrollment form and is required for records locator purposes. Release signature required under the 1974 Privacy Act to authorize transmittal of student records. A record copy of this request maintained by requestors for a five-year period for any records released to non-DoD activities.
MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: An authorizing signature is mandatory under the Privacy Act to release records. Failure to sign will result in records not being released.

TO: *Previous School*		From: *New School*	

NAME OF STUDENT(S)	**DATE OF BIRTH**	**ATTENDED YOUR SCHOOL**	
Last Name First Name MI	**Mo/Day/Yr**	**Withdrawal Date**	**Last Grade**

The student(s) identified above has /have enrolled in our school. This/these student(s)'s **report card(s)**, **cumulative folder(s)**, **health record(s)**, and any **special education record(s)** are requested.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974 (and for DoDDS-A schools, the DoDDS-A Policy statement for the Collections, Maintenance, and dissemination of Pupil Records, dated 16 September 1974), listed below is the written authorization for release of records and files for the above named student(s) to the school shown above.

I, (Sponsor)_____, do hereby request and authorize the release of records and files for the above named student(s) to the school shown above.

Signature of Sponsor (Authorizing Agent)		Date Signed
Type/Print Name of Requestor (School Personnel)		Signature

DSA 105 (Nov 89) Previous editions are obsolete and will not be used.

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STUDENT BEHAVIOR EXPECTATIONS
Student Activities
DoDDS-Europe

These expectations are based upon DoDEA Regulation 2051.1 (August 16, 1996) and are designed to make student participation in DoDDS-Europe student activities positive. Each DoDDS-Europe sponsored student activity will incorporate these expectations as a part of their information packet sent to all schools. Activity directors may add to this list but not delete any items. It is required that the list be presented to the students and their parents as a contract to be signed by both parties to insure compliance. Students are expected to comply with these expectations from the time of departure to the time of return from the activity.

1. Students are expected to observe all activity rules and guidelines to include those of the activity facility (i.e. hotel/conference hall rules).
2. Students are not to move facility furniture unless authorized to do so by the activity sponsors.
3. Students are expected to participate in all planned activities, reporting promptly to meals, sessions, and programs, tours, etc.
4. Students must observe curfew regulations as they pertain to "in the room" and "lights out".
5. Students will not have electronic music devices "on" during instruction or after "lights out".
6. Students will turn cell phones off during activity instruction and presentations.
7. Students will be responsible for his/her personal belongings and equipment at all times.
8. Students shall not possess, use, or consume mind-altering substances to include alcoholic beverages, intoxicants, mind-altering inhalants, and controlled substances as defined by the United States Code. A substance legal in host nations but controlled in the United States is prohibited (DoDEA Discipline Regulation 2051.1).
9. Students who bring, buy, or have weapons or weapon replicas either in their possession or amongst their personal property during a DoDDS-Europe sponsored student activity are in violation of DoDEA Regulations regarding "Zero Tolerance for Weapons". Such items are not allowed at any time during a student activity and will be confiscated. The incident will be reported to the respective school official(s) for disciplinary action and the offense will be treated as a serious infraction.
10. Students will dress appropriately for the activity. Dress should always be proper and in good taste.
11. Students will respect that girls and boys rooms are "off limits" to members of the opposite sex.
12. Students will ensure that the supervisors/chaperones approve of and know of their whereabouts at all times. This is paramount for safety and security.
13. Students are expected to exhibit mature student decorum throughout the activity. Students are expected to be kind, courteous, and respectful. The words "please" and "thank you" are important and do much to build and maintain a positive reputation of our students with activity staffs and host nation citizens.

Minor infractions will result in restrictions and obligations being placed on the student (i.e. loss of privileges, cleaning tables, etc.).

Serious infractions of any of the above items, as well as those discussed at the activity by the supervisors/chaperones, will result in student removal from the activity. Except for attending meals, the student(s) will be restricted from the activity. The parents and the principal will be immediately notified. The student will be sent home at the earliest possible moment. **Since the cost of return travel is not authorized under such circumstances, parents will be responsible for the cost of return travel of students removed from the activity.**

Sponsor: **We have read, understand, and agree to comply with these rules.**

_____ _____
Parent Signature Date

_____ _____
Student Signature Date

_____ _____
Student Signature Date

_____ _____
Student Signature Date

E8.A1. ENCLOSURE 8 – ATTACHMENT 1 *(to be given to parent)*

MEMORANDUM FOR SPONSORS/PARENTS/GUARDIANS OF STUDENTS RIDING DODEA SCHOOL BUSES

SUBJECT: Standards of Conduct for DoDEA School Buses

This memorandum concerns the safety and well-being of our students as they ride our school buses this school year. Please take the time to read it carefully, sign, and return the attached Behavior Standards for School Bus Students and Sponsor/Parent/Guardian Acknowledgement.

Safe transportation of DoDEA students is the concern of DoDEA, sponsors/parents/guardians, and students. DoDEA contracts for bus transportation from responsible firms with mechanically sound vehicles and properly qualified drivers. However, the safe operation of school buses also depends on student riders understanding and adhering to proper conduct.

Sponsors/parents/guardians share with their student(s) the responsibility for proper student behavior in DoDEA's schools and on DoDEA school buses. Attached is a copy of DoDEA's Behavior Standards for School Bus Students, Proposed Disciplinary Consequences for School Bus Misconduct, and enclosure 3 of DoDEA's Disciplinary Regulation.

Sponsors/parents/guardians must ensure that their student(s) understand and follow these rules. In addition, student riders must understand that bus drivers are not to be distracted from safe driving by student misbehavior. Students must show respect for the bus drivers and follow the bus drivers' instructions.

As a sponsor/parent/guardian, you must agree in writing that you will ensure your child understands that riding the school bus is a privilege, and that ridership privileges may be revoked for a violation of school bus behavior rules. Also, you must agree to serve as a bus monitor when required by the military commander. Please sit down with your student, carefully discuss the attached rules, sign and return them to your student's Principal.

School bus transportation is a privilege that may be suspended or revoked. DoDEA will strictly enforce school bus rules. Students failing to comply with school bus rules may find their bus riding privileges suspended or revoked for the rest of the year. When this happens, sponsors/parents/guardians assume all responsibility for transporting student(s) to from school. Let us work together to make this school year safe.

Dr. Ronald McIntire
Superintendent of Schools
Isles District

Enclosures: E8.A1, E8.A2, E8.A3

E8.A2. ENCLOSURE 8 – ATTACHMENT 2

BEHAVIOR STANDARDS FOR SCHOOL BUS STUDENTS AND SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENT

ON AND AROUND SCHOOL BUSES STUDENTS WILL:

1. Comply with all school rules with the "Behavior Standards for School Bus Students."
2. Board and exit the bus in an orderly, safe manner.
3. Present bus pass when boarding the bus, and upon demand.
4. Remain seated while on the bus.
5. Talk with other passengers in a normal voice.
6. Keep all parts of the body inside the bus windows.
7. Keep aisles, steps, and empty seats free from obstruction.
8. Remain fully and properly clothed.
9. Treat the driver and fellow students with respect.
10. Promptly comply with the bus driver's or monitor's instructions.
11. Treat the bus and other private property with care.

ON OR AROUND SCHOOL BUSES STUDENTS WILL NOT:

1. Fight, push, shove, or trip other passengers.
2. Use or possess unacceptable items identified in the school "Code of Conduct."
3. Push while boarding, on, or exiting the bus.
4. Get on or off the bus while the bus is in motion.
5. Make excessive noise, or play electronic equipment without earplugs/earphones.
6. Put objects out of bus windows or hang out of windows.
7. Engage in horseplay.
8. Obstruct aisles, steps, or seats.
9. Engage in horseplay.
10. Eat, drink, or litter on the bus.
11. Use profane or abusive language or make obscene gestures.
12. Spit or bite.
13. Harass, bully, or interfere with other students.
14. Disrespect, distract, or interfere with bus driver.
15. Damage private property.
16. Sit in the bus driver's seat, or touch bus operating devices or equipment.
17. Open or try to open bus door.
18. Throw or shoot objects inside or out of bus.
19. Tamper with bus controls or emergency equipment.
20. Violate any other school rule, law, or military installation regulation.

E8.A3. ENCLOSURE 8 – ATTACHMENT 3 *(to be given to parent)*

School Bus Infractions and Recommended Consequences		Bus Riding Privileges Suspended for:				
	Number column designates the number of incidents.	Warning	5 School Days	20 School Days	30 School Days	Remainder of Year
1 UNSAFE BEHAVIOR						
a	Fighting, pushing, shoving or tripping					
b	Use or possession of unacceptable items identified in this Regulation. (The school bus is an extension of the school/campus.)					
c	Failure to have bus pass in possession.					
d	Pushing while boarding or leaving the bus					
e	Getting on or off bus while bus is in motion					
f	Not properly seated					
g	Putting objects out of bus windows or hanging out of window					
h	Making excessive noise or playing electronic equipment without using earphones.					
i	Engaging in horseplay					
j	Obstructing aisles, steps, or seats					
2 INAPPROPRIATE BEHAVIOR						
a	Failure to remain properly clothed					
b	Public displays of affection					
c	Eating, drinking, or littering on bus					
d	Using abusive/profane language and/or gestures					
e	Spitting or biting					
f	Harassing or interfering with other students					
g	Failure to comply with bus driver's or monitor's instruction					
h	Disrespect, distraction, or interference with driver					
3 DESTRUCTIVE BEHAVIOR						
a	Damaging private property (requires payment of damages)					
b	Sitting in driver's seat or tampering with bus controls					
c	Opening or trying to open the bus door					
d	Throwing or shooting objects inside or outside of bus					
4 PROHIBITED BEHAVIOR						
a	Tampering with bus controls or emergency equipment					

1. All rule infractions are cumulative. A series of minor infractions may result in serious consequences.

2. All misconduct must be evaluated on a case-by-case basis. Depending upon severity, warnings, removals, or expulsions may be deemed appropriate regardless of sequence or frequency of misconduct instance.

3. Older students are expected to behave more maturely and thoughtfully than younger students, therefore, will be held more responsible for the consequences of their conduct.

4. Possession of weapons or prohibited items, as described by this Regulation or other military regulations, controlled substances, alcohol, or other serious incidents will be reported on Form 4705 and may result in removal or expulsion from school in addition to the loss of bus privileges.

This form is included as a courtesy. It is not required for School Registration.

CYSS Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYSS activities now! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program (YP) or Parent Central Services (formerly known as CER). CYSS staff will verify your registration telephonically with your parent or guardian within 5 working days of receipt of form. Here's a look at some opportunities CYSS offers: dances, trips, classes, volunteer opportunities; homework assistance; up-to-date technology and internet access; place to meet friends; summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012. **PRINCIPAL PURPOSE(S)**: To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care. **ROUTINE USES**: Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent. **DISCLOSURE:** Disclosure of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

YOUTH: Last Name _____ **First Name**_____ **Nickname**_____

Gender: (circle one) M / F Grade_____ **School**_____ **DOB**_____ **Age** _____

E-mail Address:_____

I authorize YP to email me information and announcements about programs and events: Yes_____ ***No***_____

SPONSOR: Last Name_____ **First Name**_____

Status: Act Duty / Guard / Reserve / DOD Civ / Other_____ **(If Mil: Rank**_____ **Branch: AR / AF / NA / MA / CG)**

Unit/Employer _____ **Unit/Emp Address**_____ **APO AE**_____

Kaserne/Post_____ **Work Phone**_____ **Cell Phone**_____

Mailing Address_____ **APO AE**_____

Home Phone_____ **On-Post? Y or N Sponsor Email Address**_____

SPOUSE: Last Name_____ **First Name**_____

Status: Act Duty / Guard / Reserve / DOD Civ / Other Employed Civ / Student / Retired / Unemployed / Other_____

(If Mil: Rank_____ **Branch: AR / AF / NA / MA / CG) Spouse Email Address**_____

Unit/Employer _____ **Unit/Emp Address**_____ **City**_____

Zip_____ **Bldg #/Kaserne**_____ **Work Phone**_____ **Cell Phone**_____

EMERGENCY/RELEASE CONTACTS ***(Local adults, not parents, authorized to respond in an emergency*)**:

1. Last Name _____ **First Name** _____ **Work Ph**_____ **Cell**_____

Home Phone_____ **Is this person authorized to pick-up youth? Yes**_____ **No**_____

2. Last Name _____ **First Name** _____ **Work Ph**_____ **Cell**_____

Home Phone_____ **Is this person authorized to pick-up youth? Yes**_____ **No**_____

Please continue on back side

This form is included as a courtesy. It is not required for School Registration.

SPONSOR CONSENT: I, _____, parent/guardian of _____, give consent for an authorized CYSS representative to obtain medical/dental care for my youth in an emergency situation where his/her condition represents a serious or imminent threat to his/her life, health, or well being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3.

Does your Youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, etc.) Yes ___ No___ (If yes, DA form 7625-1 will be sent to you for completion and must be returned within 5 days.)

Can your Youth be photographed while participating in a CYSS program for release to the media? Yes____ No____

Does your Youth have permission to access to the internet? Yes ____ No ____

If yes, does your Youth have permission to access social networking sites? Yes____ No____

I have reviewed the information on this form and to the best of my knowledge, the information is accurate.

DATE: _____ Parent/Guardian SIGNATURE: _____

STAFF TELEPHONIC VERIFICATION: Name of verifying parent:_____

Staff Name_____ Verification Date_____ Time_____

Special needs? Y or N If yes, date DA 7625-1 sent to parent:_____ Date returned:_____

Date CYSS pass issued:_____ Staff Signature_____

We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our Youth Programs. If you would like more information, please call one of the numbers listed below:

Youth Program Information: **USAG Schinnen Youth Center**

The Youth Center (YC) is located on JFC Brunssum in building H-603. YC is open Monday-Friday. Hours of operation are 1530-1800 after school and from 0800-1800 on school out days. YC is closed all NATO holidays. Please contact us for more information by email cys.schinnen@benelux.army.mil or by phone DSN 314-364-3008 or CIV +31 (0) 45-526-3008.

Parent Central Services Information: **USAG Schinnen Parent Central Services**

Parent Central Services is located on JFC Brunssum in building H-505. Parent Central Services is open Monday-Friday. Hours of operation are 0800-1500 for walk-ins and from 1500-1700 by appointment only. Parent Central Services is closed American Holidays. Please contact Parent Central by email at CYS.Schinnen@eur.army.mil or by phone DSN 314-364-3121 or CIV +31 (0) 45-526-3121.

Notes:

1. *Youth may attend the regular Youth Programs (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of completed form.*
2. *CYSS staff will validate form registration. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled.*
3. *Once registration is validated (and, if required, DA 7625-1 is completed and returned), annual pass will be issued to youth.*
4. *Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate.*
5. *To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.*

Department of Defense Education Activity
Questionnaire for Race/Ethnicity and Home Language

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to $ 5000.

Race/Ethnicity questions comply with OMB Standards for Maintaining, Collecting, and Presenting Data for Race and Ethnicity, dated 30 Oct 97

STUDENT NAME: _____ **DATE:** _____

PLEASE ANSWER ALL SECTIONS

ETHNICITY (Mark one)

○ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

○ **NOT Hispanic or Latino.**

RACE (Mark one or more)

☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American.** A person having origins in any of the black racial groups of Africa.

☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

HOME LANGUAGE (Yes or No)

1. Does an adult in the household speak a language other than English at home?

○ **Yes** ○ **No**

2. Does the child you are registering speak a language other than English at home?

○ **Yes** ○ **No**

If the answer to either question number 1 or number 2 is "yes," please complete the Home language Questionnaire.

ESL Home Language Questionnaire – Student Name: _____

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

1. What language is commonly spoken in your home?

   ◯ English ◯ Another Language (Please specify):_____

2. Does the child you are registering speak a language other than English? (Excluding foreign lang. studied in school.)

   ◯ No ◯ Yes If yes: What language is spoken? _____

3. What language did your child use when he/she first began to talk?

   ◯ English ◯ Another Language (Please specify)_____

4. Has your child attended English-speaking schools?

   ◯ No ◯ Yes If yes: How many years? _____

5. What language does your child read and/or write?

   ◯ English ◯ Another Language (Please specify)_____

6. What language do you most often use when speaking with your child?

   ◯ English ◯ Another Language (Please specify)_____

7. What language does your child use most often when speaking to you?

   ◯ English ◯ Another Language (Please specify)_____

8. If your child is cared for by another person on a regular basis, what language is most often used?

   ◯ English ◯ Another Language (Please specify)_____

9. Do you as a parent need to communicate with the school in a language other than English?

   ◯ No ◯ Yes If yes, in what language?_____

If, based on the results of this questionnaire, it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.
2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

_____ _____

Parent Signature Date

To be completed by ESL Teacher:

Recommendation: _____ Proficiency Testing _____ Records Review _____ No ESL Services Required

Signature of ESL Teacher: _____ Date: _____

Distribution: Original to Student's Cumulative File, Copy to ESL Teacher

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. sections 2164 and 20 U.S.C. sections 921-932.
PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.
ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at http://www.defenselink.mil/privacy/notice/osd. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.
DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

NAME (***Last, First, Middle Initial***)

Check: ◯ Female ◯ Male

Date of Birth:

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

VISION
- ☐ Wears glasses for reading
- ☐ Wears glasses full time
- ☐ Wears contacts
- ☐ Color deficiency
- ☐ Other

HEARING
- ☐ Frequent ear infections
- ☐ Ear tubes
  Insertion date:
  Are tubes currently in place:
  Right? YES ☐ NO ☐
  Left? YES ☐ NO ☐
- ☐ Hearing loss: Right ☐ Left ☐
- ☐ Other

ENDOCRINE
- ☐ Diabetes
- ☐ Other

DERMATOLOGY
- ☐ Eczema
- ☐ Other

GENITOURINARY
- ☐ Bladder control problems
- ☐ Urinary track infections
- ☐ Other

RESPIRATORY
- ☐ Bronchitis
- ☐ Cystic fibrosis
- ☐ Sinusitis
- ☐ Other

CARDIOVASCULAR
- ☐ Sickle cell disorder
- ☐ Heart murmur
- ☐ Hemophilia/Other Bleeding disorders
- ☐ Rheumatoid heart disease
- ☐ Other

MUSCULOSKELETAL
- ☐ Muscular Dystrophy
- ☐ Scoliosis
- ☐ Other

GASTROINTESTINAL
- ☐ Hernia
- ☐ Other

DENTAL
- ☐ Braces
- ☐ Other

ASTHMA
Date of Diagnosis:

Inhaler needed:
@ school * YES ◯ NO ◯
@ home YES ◯ NO ◯

PSYCHIATRY
- ☐ Anorexia
- ☐ Bulimia
- ☐ Autism
- ☐ ADD/ADHD
- ☐ Depression
- ☐ Substance abuse history
- ☐ Suicidal
- ☐ Other

NEUROLOGICAL
- ☐ Cerebral Palsy
- ☐ Frequent headaches
- ☐ Migraines
- ☐ Spina Bifida
- ☐ Seizures
- ☐ Sleep disorder
- ☐ Other

ALLERGIES (A SHSG Form H-3-7 should be completed.)
- ☐ Bee sting
- ☐ Wasp sting
- ☐ Other insects
- ☐ Seasonal
- ☐ Environmental
- ☐ Food
- ☐ Lactose intolerance (The school will need a letter from the doctor stating that the student is lactose intolerant.)

PROCEDURES: (A SHSG Form H-4-9 should be completed.)
- ☐ My child will/may require special health care procedures during the school day. (See page 2.)

RESTRICTIONS
- ☐ My child has a condition that warrants restriction of activities during school hours. (See page 2)

- ☐ My child takes daily medication at home.
- ☐ My child will need medications during school hours. (* See page 2.)
- ☐ My child may need emergency medications during school hours. (* See page 2.)

* **MEDICATIONS DURING SCHOOL HOURS:** SHSG: H-3-2, 3-3 and/or 3-8 forms must be signed by the physician and a parent; and must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY

Explain any of the above here or attach additional pages.

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

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

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

Parent/Sponsor's Signature:	**Primary phone #:**	**Date:**

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
SPECIAL NEEDS QUESTIONNAIRE

STUDENT'S NAME_____**GRADE**_____ **Male** ○ **Female** ○

Sponsor's Name_____**Phone:**_____/_____
Duty **Home**

COMPLETE ONLY THOSE SECTIONS WHICH DESCRIBE YOUR CHILD'S SPECIAL NEEDS

☐ My child has been in SPECIAL EDUCATION and has an Individualized Education Program (IEP) for:

- ☐ Learning Impairment/Disability
- ☐ Physical Impairment/ Other Health Impaired
- ☐ Communication Impairment
- ☐ Emotional Impairment
- ☐ Developmental Delay

(Please provide IEP and other records to school.)

☐ My child speaks LIMITED OR NO ENGLISH.

First language of Father:_____ Mother:_____
Languages spoken by the child: _____
Child's best language is: _____
Number of years child has attended English speaking schools: _____

○ I give ○ I do not give my permission for the school to screen my child's English ability.

☐ My child received help in a COMPENSATORY EDUCATION PROGRAM/ A 504 PLAN *(non-special education academic assistance)* for:

- ☐ Reading
- ☐ Math
- ☐ Language Arts

☐ My child was enrolled in a TALENTED AND GIFTED / HONORS PROGRAM.

Previous TAG/honors enrollment at: _____.
Name of School and Location

○ Test Scores Available ○ Test Scores Not Available

☐ The school SHOULD BE AWARE OF THE FOLLOWING:

- ☐ Consider special seating in the classroom: for vision ☐ for hearing ☐
- ☐ Limited or no physical education because_____
- ☐ Counseling services need to be considered.
- ☐ My child was retained in _____ grade.
- ☐ Other needs or comments:_____
- ☐ I prefer to discuss my child's needs privately with the school counselor. Please call me.

☐ I am enrolled in the Exceptional Family Membership Program due to my child's:

- ☐ Educational Needs
- ☐ Medical Needs

☐ My child does not have any special needs.

_____ _____
Sponsor's Signature ***Date***

Rev: 01/16/07

If you stated in the Special Needs Questionnaire that your child had any Special Needs, please fill in this document as appropriate:

	If your child attended Sure Start, what date did they start?		
Please indicate in the table below what previous experiences your student has had in the current and earlier years:			
Programs or Services	No	Yes	Dates this service was provided:
Reading Improvement	○	○	
Remedial Math	○	○	
English as a Second Language	○	○	
Chapter 1 or Title 1	○	○	
Talented or Gifted Class	○	○	
Other	○	○	
Special Education Areas			
Learning Disability	○	○	
Visually Impaired	○	○	
Hearing Impaired	○	○	
Physical Therapy	○	○	
Occupational Therapy	○	○	
Speech/Language Therapy	○	○	
Physically Handicapped	○	○	
School Psychologist or Counselor	○	○	
Educable Mentally Handicapped	○	○	
Trainable Mentally Handicapped	○	○	
Other	○	○	
Students in special education services have an Individual Educational Plan (IEP). Did your child have an active IEP at the previous school? ○YES ○NO			
Sponsor's Signature:			

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

FORM 700 – Consents and Authorizations

SY _____/_____

INSTRUCTIONS 1. Completed by Sponsor 2. Print (Ink) or type all entries.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932.
PRINCIPAL PURPOSE: 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.
ROUTINES USE(STo Federal, State and local government officials to protech 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.

1. Last Name	2. First Name	3. Student ID

SPONSOR OR GUARDIAN DESIGNATIONS

1. Field Trips: I permit the student(s) that I am registering with this form to participate in authorized DoDEA school field trips as initiated below: **(Mark the appropriate box)**

☐ **All** scheduled authorized field trips ☐ **Individual** field trip by field trip

2. Media Release: I give permission for my student(s) name and/or image to be used in various media including newsletters, DoDEA web sites (images only), DODEA print and video productions, military community publications, military affiliated publications (Stars & Stripes), military affiliated electronic media (AFN/AFRTS), and public media (local, host nation, U.S. national newspapers, magazines, television). **(Mark the appropriate box)**

☐ Authorize release ☐ Decline release

3. Internet Agreement: I understand that the student(s) I am registering will receive instruction in the appropriate use of DoDEA information technology resources; that in order to use DoDEA resources they must read, understand, and agree to abide by the *Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students.* If they violate the Terms and Conditions, I understand they may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions. (**Mark box indicating agreement)**

☐ Sponsor or Guardian Agreement

4. **11th & 12th grade students only:** I authorize the release of my students' information to military recruiters. **(Mark the appropriate box)**

☐ Authorize release ☐ Decline release

I verify the information is correct or has been corrected. DATE: (MM/DD/YYYY)

Signature of Sponsor _____ _____

Reset

Terms and Conditions

I. Acceptable Use

A. I agree to use DoDEA's computer services only in support of my education and research consistent with the educational objectives of the DoDEA. I will not download files or subscribe to bulletin boards that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.

B. I will respect and adhere to all of the rules governing access to DoDEA computing resources and the rules of any other network or computing resource to which I have access through the DoDEA equipment.

C. I understand transmission (sent or received) of any material in violation of any U.S. or state regulation is strictly prohibited and may violate criminal law. I will not transmit obscene, sexually suggestive or offensive, lascivious, harassing, or abusive messages, copyrighted material, or material protected by trademark or as a trade secret.

D. I will not publish the name, photograph, home address or telephone number of myself, another student, faculty, or any other person.

E. I understand using the DoDEA computer equipment for commercial, product advertisement or political lobbying is prohibited and may be illegal.

II. Privileges

A. I understand that the use of the network is a privilege, not a right, and use inconsistent with these Terms and Conditions may result in a cancellation of those privileges. (Each student will receive instruction regarding the terms and protocols referenced in this document before network access is provided.)

B. I will be disciplined if I send messages or download files inconsistent with these Terms and Conditions. At the discretion of the principal and teacher, I may lose the privilege of using the Internet permanently and face suspension or expulsion. Copies of the inappropriate materials will be reported to the building administration and kept on file.

III. Internet Etiquette

A. I will be polite. I will not use sexual or abusive language in my messages to others.

B. I will use courteous, respectful language. I will not swear, use vulgarities, sexual, harsh, or disrespectful language. Illegal activities are strictly forbidden.

C. I understand any transmission, including electronic mail, is not private and that my communications and access will be monitored.

D. I will evaluate information carefully. As with any research material, I must review it for accuracy and bias.

E. I will not use the network in such a way as to disrupt the use of the network by other users. This can be avoided by not sending "chain letters," or "broadcast" messages to lists or individuals.

IV. No Warranties

A. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.

B. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services.

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 computer resources or violations of any U.S. or foreign laws.

V. Security

A. I understand security on any computer 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 ot her individuals. 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 the network if I am identified as a security risk.

VI. Vandalism

A. I understand vandalism will result in cancellation of privileges.

B. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

PARENT eMail WAIVER

I, _____, understand that depending on their age, my child maybe or will be given an email account by one of the **Isles District Schools**. This account is provided to the student by DoDDS-E.Net, and supports the Children's Online Privacy Protection Act (COPPA) and the Children's Internet Protection Act (CIPA). I understand that the district has determined what features my child has access to, which may include email, message boards, chat rooms, blogs, and digital storage lockers. I understand that all email messages and postings will be automatically filtered for inappropriate words and images, and that any messages determined to be questionable will be diverted to my student's email administrator for review. Consequences for misuse of email will be determined by the district, and may include restrictions, loss of privileges, or other disciplinary action. I further understand that my student's administrator can view my student's email account and digital locker at any time. While DoDDS-E and the district use a variety of measures to protect its users, no system will stop 100% of inappropriate content. DoDDS-E and the district accept no responsibility for harm caused directly or indirectly by its use.

By signing this agreement, I and my son/daughter agree to use the provided email account in an appropriate manner and abide by the district's policies for use.

School: _____

Student Name: (please print)

_____

Student Signature:

_____ Date: _____

Parent/Guardian Signature:

_____ Date: _____

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AFNORTH INTERNATIONAL SCHOOL MEDICAL POWER OF ATTORNEY

In the event that my dependent, _____, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision or while participating in any activities sponsored by AFNORTH International School, I authorize and release to any agent or employee of the school to send my dependent to any U.S. or civilian medical treatment facility if deemed necessary by the above referenced authority.
I understand that the above named authority of AFNORTH International School will use all diligent and reasonable efforts to contact my spouse or me. If neither my spouse nor I can be contacted after reasonable attempts, by either the said school or treatment facility, I authorize and release any physician or other qualified medical personnel to examine my child and provide any and all emergency care necessary for treating injuries and illness.

Medical information about the above mentioned dependent
1. My dependent has the following medical problems (such as diabetes, seizures, asthma, heart, kidney disease, etc.):_____YES____ NO_____
_____
2. My dependent is allergic to the following (such as medications, bee stings, food, etc.):_____YES____ No____
_____
3. My dependent takes the following medications on a regular or "as needed" basis (list the name and amount of each medication):_____YES____ NO_____

CONTACT INFORMATION FOR THE NURSE'S OFFICE
WE MUST HAVE ACCURATE AND CURRENT PHONE NUMBERS

Student's Name _____ Grade _____

Date of Birth _____

Sponsor and Spouse's Names _____

Physical Address _____

Home Phone _____

Sponsor's Unit _____ Work Phone _____ Cell _____

Spouse's Work Place _____ Work Phone _____ Cell_____

Primary email address: _____

Secondary email address: _____

Emergency contact name and number _____ Pickup authorized?

Alt Emergency Contact Name and num: _____ Pickup authorized?

I AGREE TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE INFORMATION ABOVE

Signature of Parent/Guardian _____ Date _____

Civilian "Pay Patient" Yes No

PRIVACY ACT NOTICE: AUTHORITY: Title V, Sec. 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parents' absence. ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names; (c) To supply health and medical information about student. This form is used by DoDDS employees and trained medical personnel in emergency. Social Security number of sponsor (US citizens) is required by military medical facilities in case of emergency referral. MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Mandatory.
School personnel will not be able to provide emergency care and health services in parents' absence.

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This form is included as a courtesy. It is not required for School Registration.

CYSS Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYSS activities now! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program (YP) or Parent Central Services (formerly known as CER). CYSS staff will verify your registration telephonically with your parent or guardian within 5 working days of receipt of form. Here's a look at some opportunities CYSS offers: dances, trips, classes, volunteer opportunities; homework assistance; up-to-date technology and internet access; place to meet friends; summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012. **PRINCIPAL PURPOSE(S)**: To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care. **ROUTINE USES**: Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent. **DISCLOSURE:** Disclosure of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

YOUTH: Last Name _____ **First Name**_____ **Nickname**_____

Gender: (circle one) M / F Grade_____ **School**_____ **DOB**_____ **Age** _____

E-mail Address:_____

I authorize YP to email me information and announcements about programs and events: Yes_____ ***No***_____

SPONSOR: Last Name_____ **First Name**_____

Status: Act Duty / Guard / Reserve / DOD Civ / Other_____ **(If Mil: Rank**_____ **Branch: AR / AF / NA / MA / CG)**

Unit/Employer _____ **Unit/Emp Address**_____ **APO AE**_____

Kaserne/Post_____ **Work Phone**_____ **Cell Phone**_____

Mailing Address_____ **APO AE**_____

Home Phone_____ **On-Post? Y or N Sponsor Email Address**_____

SPOUSE: Last Name_____ **First Name**_____

Status: Act Duty / Guard / Reserve / DOD Civ / Other Employed Civ / Student / Retired / Unemployed / Other_____

(If Mil: Rank_____ **Branch: AR / AF / NA / MA / CG) Spouse Email Address**_____

Unit/Employer _____ **Unit/Emp Address**_____ **City**_____

Zip_____ **Bldg #/Kaserne**_____ **Work Phone**_____ **Cell Phone**_____

EMERGENCY/RELEASE CONTACTS ***(Local adults, not parents, authorized to respond in an emergency*)**:

1. Last Name _____ **First Name** _____ **Work Ph**_____ **Cell**_____

Home Phone_____ **Is this person authorized to pick-up youth? Yes**_____ **No**_____

2. Last Name _____ **First Name** _____ **Work Ph**_____ **Cell**_____

Home Phone_____ **Is this person authorized to pick-up youth? Yes**_____ **No**_____

Please continue on back side

This form is included as a courtesy. It is not required for School Registration.

SPONSOR CONSENT: I, _____, parent/guardian of _____, give consent for an authorized CYSS representative to obtain medical/dental care for my youth in an emergency situation where his/her condition represents a serious or imminent threat to his/her life, health, or well being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3.

Does your Youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, etc.) Yes ___ No___ (If yes, DA form 7625-1 will be sent to you for completion and must be returned within 5 days.)

Can your Youth be photographed while participating in a CYSS program for release to the media? Yes____ No____

Does your Youth have permission to access to the internet? Yes ____ No ____

If yes, does your Youth have permission to access social networking sites? Yes____ No____

I have reviewed the information on this form and to the best of my knowledge, the information is accurate.

DATE: _____ Parent/Guardian SIGNATURE: _____

STAFF TELEPHONIC VERIFICATION: Name of verifying parent:_____

Staff Name_____ Verification Date_____ Time_____

Special needs? Y or N If yes, date DA 7625-1 sent to parent:_____ Date returned:_____

Date CYSS pass issued:_____ Staff Signature_____

We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our Youth Programs. If you would like more information, please call one of the numbers listed below:

Youth Program Information: **USAG Schinnen Youth Center**

The Youth Center (YC) is located on JFC Brunssum in building H-603. YC is open Monday-Friday. Hours of operation are 1530-1800 after school and from 0800-1800 on school out days. YC is closed all NATO holidays. Please contact us for more information by email cys.schinnen@benelux.army.mil or by phone DSN 314-364-3008 or CIV +31 (0) 45-526-3008.

Parent Central Services Information: **USAG Schinnen Parent Central Services**

Parent Central Services is located on JFC Brunssum in building H-505. Parent Central Services is open Monday-Friday. Hours of operation are 0800-1500 for walk-ins and from 1500-1700 by appointment only. Parent Central Services is closed American Holidays. Please contact Parent Central by email at CYS.Schinnen@eur.army.mil or by phone DSN 314-364-3121 or CIV +31 (0) 45-526-3121.

Notes:

1. *Youth may attend the regular Youth Programs (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of completed form.*
2. *CYSS staff will validate form registration. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled.*
3. *Once registration is validated (and, if required, DA 7625-1 is completed and returned), annual pass will be issued to youth.*
4. *Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate.*
5. *To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.*

Department of Defense Education Activity
Questionnaire for Race/Ethnicity and Home Language

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to $ 5000.

Race/Ethnicity questions comply with OMB Standards for Maintaining, Collecting, and Presenting Data for Race and Ethnicity, dated 30 Oct 97

STUDENT NAME: _____ **DATE:** _____

PLEASE ANSWER ALL SECTIONS

ETHNICITY (Mark one)

○ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

○ **NOT Hispanic or Latino.**

RACE (Mark one or more)

☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American.** A person having origins in any of the black racial groups of Africa.

☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

HOME LANGUAGE (Yes or No)

1. Does an adult in the household speak a language other than English at home?

○ **Yes** ○ **No**

2. Does the child you are registering speak a language other than English at home?

○ **Yes** ○ **No**

If the answer to either question number 1 or number 2 is "yes," please complete the Home language Questionnaire.

ESL Home Language Questionnaire – Student Name: _____

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

1. What language is commonly spoken in your home?

   ◯ English ◯ Another Language (Please specify):_____

2. Does the child you are registering speak a language other than English? (Excluding foreign lang. studied in school.)

   ◯ No ◯ Yes If yes: What language is spoken? _____

3. What language did your child use when he/she first began to talk?

   ◯ English ◯ Another Language (Please specify)_____

4. Has your child attended English-speaking schools?

   ◯ No ◯ Yes If yes: How many years? _____

5. What language does your child read and/or write?

   ◯ English ◯ Another Language (Please specify)_____

6. What language do you most often use when speaking with your child?

   ◯ English ◯ Another Language (Please specify)_____

7. What language does your child use most often when speaking to you?

   ◯ English ◯ Another Language (Please specify)_____

8. If your child is cared for by another person on a regular basis, what language is most often used?

   ◯ English ◯ Another Language (Please specify)_____

9. Do you as a parent need to communicate with the school in a language other than English?

   ◯ No ◯ Yes If yes, in what language?_____

If, based on the results of this questionnaire, it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.
2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

_____ _____

Parent Signature Date

To be completed by ESL Teacher:

Recommendation: _____ Proficiency Testing _____ Records Review _____ No ESL Services Required

Signature of ESL Teacher: _____ Date: _____

Distribution: Original to Student's Cumulative File, Copy to ESL Teacher

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. sections 2164 and 20 U.S.C. sections 921-932.
PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.
ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at http://www.defenselink.mil/privacy/notice/osd. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.
DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

NAME (***Last, First, Middle Initial***)

Check: ◯ Female ◯ Male

Date of Birth:

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

VISION
- ☐ Wears glasses for reading
- ☐ Wears glasses full time
- ☐ Wears contacts
- ☐ Color deficiency
- ☐ Other

HEARING
- ☐ Frequent ear infections
- ☐ Ear tubes
  Insertion date:
  Are tubes currently in place:
  Right? YES ☐ NO ☐
  Left? YES ☐ NO ☐
- ☐ Hearing loss: Right ☐ Left ☐
- ☐ Other

ENDOCRINE
- ☐ Diabetes
- ☐ Other

DERMATOLOGY
- ☐ Eczema
- ☐ Other

GENITOURINARY
- ☐ Bladder control problems
- ☐ Urinary track infections
- ☐ Other

RESPIRATORY
- ☐ Bronchitis
- ☐ Cystic fibrosis
- ☐ Sinusitis
- ☐ Other

CARDIOVASCULAR
- ☐ Sickle cell disorder
- ☐ Heart murmur
- ☐ Hemophilia/Other Bleeding disorders
- ☐ Rheumatoid heart disease
- ☐ Other

MUSCULOSKELETAL
- ☐ Muscular Dystrophy
- ☐ Scoliosis
- ☐ Other

GASTROINTESTINAL
- ☐ Hernia
- ☐ Other

DENTAL
- ☐ Braces
- ☐ Other

ASTHMA
Date of Diagnosis:

Inhaler needed:
@ school * YES ◯ NO ◯
@ home YES ◯ NO ◯

PSYCHIATRY
- ☐ Anorexia
- ☐ Bulimia
- ☐ Autism
- ☐ ADD/ADHD
- ☐ Depression
- ☐ Substance abuse history
- ☐ Suicidal
- ☐ Other

NEUROLOGICAL
- ☐ Cerebral Palsy
- ☐ Frequent headaches
- ☐ Migraines
- ☐ Spina Bifida
- ☐ Seizures
- ☐ Sleep disorder
- ☐ Other

ALLERGIES (A SHSG Form H-3-7 should be completed.)
- ☐ Bee sting
- ☐ Wasp sting
- ☐ Other insects
- ☐ Seasonal
- ☐ Environmental
- ☐ Food
- ☐ Lactose intolerance (The school will need a letter from the doctor stating that the student is lactose intolerant.)

PROCEDURES: (A SHSG Form H-4-9 should be completed.)
- ☐ My child will/may require special health care procedures during the school day. (See page 2.)

RESTRICTIONS
- ☐ My child has a condition that warrants restriction of activities during school hours. (See page 2)

- ☐ My child takes daily medication at home.
- ☐ My child will need medications during school hours. (* See page 2.)
- ☐ My child may need emergency medications during school hours. (* See page 2.)

*** MEDICATIONS DURING SCHOOL HOURS:** SHSG: H-3-2, 3-3 and/or 3-8 forms must be signed by the physician and a parent; and must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY

Explain any of the above here or attach additional pages.

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

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

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

Parent/Sponsor's Signature:	**Primary phone #:**	**Date:**

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
SPECIAL NEEDS QUESTIONNAIRE

STUDENT'S NAME_____**GRADE**_____ **Male** ○ **Female** ○

Sponsor's Name_____**Phone:**_____/_____
Duty **Home**

COMPLETE ONLY THOSE SECTIONS WHICH DESCRIBE YOUR CHILD'S SPECIAL NEEDS

☐ My child has been in SPECIAL EDUCATION and has an Individualized Education Program (IEP) for:

☐ Learning Impairment/Disability ☐ Physical Impairment/ Other Health Impaired
☐ Communication Impairment ☐ Emotional Impairment
☐ Developmental Delay *(Please provide IEP and other records to school.)*

☐ My child speaks LIMITED OR NO ENGLISH.

First language of Father:_____ Mother:_____
Languages spoken by the child: _____
Child's best language is: _____
Number of years child has attended English speaking schools: _____

○ I give ○ I do not give my permission for the school to screen my child's English ability.

☐ My child received help in a COMPENSATORY EDUCATION PROGRAM/ A 504 PLAN *(non-special education academic assistance)* for:

☐ Reading ☐ Math ☐ Language Arts

☐ My child was enrolled in a TALENTED AND GIFTED / HONORS PROGRAM.

Previous TAG/honors enrollment at: _____.
Name of School and Location

○ Test Scores Available ○ Test Scores Not Available

☐ The school SHOULD BE AWARE OF THE FOLLOWING:

☐ Consider special seating in the classroom: for vision ☐ for hearing ☐
☐ Limited or no physical education because_____
☐ Counseling services need to be considered.
☐ My child was retained in _____ grade.
☐ Other needs or comments:_____
☐ I prefer to discuss my child's needs privately with the school counselor. Please call me.

☐ I am enrolled in the Exceptional Family Membership Program due to my child's:

☐ Educational Needs ☐ Medical Needs

☐ My child does not have any special needs.

_____ _____
Sponsor's Signature ***Date***

Rev: 01/16/07

If you stated in the Special Needs Questionnaire that your child had any Special Needs, please fill in this document as appropriate:

	If your child attended Sure Start, what date did they start?

Please indicate in the table below what previous experiences your student has had in the current and earlier years:

Programs or Services	No	Yes	Dates this service was provided:
Reading Improvement	○	○	
Remedial Math	○	○	
English as a Second Language	○	○	
Chapter 1 or Title 1	○	○	
Talented or Gifted Class	○	○	
Other	○	○	
Special Education Areas			
Learning Disability	○	○	
Visually Impaired	○	○	
Hearing Impaired	○	○	
Physical Therapy	○	○	
Occupational Therapy	○	○	
Speech/Language Therapy	○	○	
Physically Handicapped	○	○	
School Psychologist or Counselor	○	○	
Educable Mentally Handicapped	○	○	
Trainable Mentally Handicapped	○	○	
Other	○	○	

Students in special education services have an Individual Educational Plan (IEP). Did your child have an active IEP at the previous school? ○YES ○NO

Sponsor's Signature:

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

FORM 700 – Consents and Authorizations

SY _____/_____

INSTRUCTIONS 1. Completed by Sponsor 2. Print (Ink) or type all entries.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932.
PRINCIPAL PURPOSE: 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.
ROUTINES USE(STo Federal, State and local government officials to protech 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.

1. Last Name	2. First Name	3. Student ID

SPONSOR OR GUARDIAN DESIGNATIONS

1. Field Trips: I permit the student(s) that I am registering with this form to participate in authorized DoDEA school field trips as initiated below: **(Mark the appropriate box)**

☐ **All** scheduled authorized field trips ☐ **Individual** field trip by field trip

2. Media Release: I give permission for my student(s) name and/or image to be used in various media including newsletters, DoDEA web sites (images only), DODEA print and video productions, military community publications, military affiliated publications (Stars & Stripes), military affiliated electronic media (AFN/AFRTS), and public media (local, host nation, U.S. national newspapers, magazines, television). **(Mark the appropriate box)**

☐ Authorize release ☐ Decline release

3. Internet Agreement: I understand that the student(s) I am registering will receive instruction in the appropriate use of DoDEA information technology resources; that in order to use DoDEA resources they must read, understand, and agree to abide by the *Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students.* If they violate the Terms and Conditions, I understand they may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions. (**Mark box indicating agreement)**

☐ Sponsor or Guardian Agreement

4. **11th & 12th grade students only:** I authorize the release of my students' information to military recruiters. **(Mark the appropriate box)**

☐ Authorize release ☐ Decline release

I verify the information is correct or has been corrected. DATE: (MM/DD/YYYY)

Signature of Sponsor _____ _____

Reset

Terms and Conditions

I. Acceptable Use

A. I agree to use DoDEA's computer services only in support of my education and research consistent with the educational objectives of the DoDEA. I will not download files or subscribe to bulletin boards that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.

B. I will respect and adhere to all of the rules governing access to DoDEA computing resources and the rules of any other network or computing resource to which I have access through the DoDEA equipment.

C. I understand transmission (sent or received) of any material in violation of any U.S. or state regulation is strictly prohibited and may violate criminal law. I will not transmit obscene, sexually suggestive or offensive, lascivious, harassing, or abusive messages, copyrighted material, or material protected by trademark or as a trade secret.

D. I will not publish the name, photograph, home address or telephone number of myself, another student, faculty, or any other person.

E. I understand using the DoDEA computer equipment for commercial, product advertisement or political lobbying is prohibited and may be illegal.

II. Privileges

A. I understand that the use of the network is a privilege, not a right, and use inconsistent with these Terms and Conditions may result in a cancellation of those privileges. (Each student will receive instruction regarding the terms and protocols referenced in this document before network access is provided.)

B. I will be disciplined if I send messages or download files inconsistent with these Terms and Conditions. At the discretion of the principal and teacher, I may lose the privilege of using the Internet permanently and face suspension or expulsion. Copies of the inappropriate materials will be reported to the building administration and kept on file.

III. Internet Etiquette

A. I will be polite. I will not use sexual or abusive language in my messages to others.

B. I will use courteous, respectful language. I will not swear, use vulgarities, sexual, harsh, or disrespectful language. Illegal activities are strictly forbidden.

C. I understand any transmission, including electronic mail, is not private and that my communications and access will be monitored.

D. I will evaluate information carefully. As with any research material, I must review it for accuracy and bias.

E. I will not use the network in such a way as to disrupt the use of the network by other users. This can be avoided by not sending "chain letters," or "broadcast" messages to lists or individuals.

IV. No Warranties

A. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.

B. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services.

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 computer resources or violations of any U.S. or foreign laws.

V. Security

A. I understand security on any computer 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 ot her individuals. 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 the network if I am identified as a security risk.

VI. Vandalism

A. I understand vandalism will result in cancellation of privileges.

B. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

PARENT eMail WAIVER

I, _____, understand that depending on their age, my child maybe or will be given an email account by one of the **Isles District Schools**. This account is provided to the student by DoDDS-E.Net, and supports the Children's Online Privacy Protection Act (COPPA) and the Children's Internet Protection Act (CIPA). I understand that the district has determined what features my child has access to, which may include email, message boards, chat rooms, blogs, and digital storage lockers. I understand that all email messages and postings will be automatically filtered for inappropriate words and images, and that any messages determined to be questionable will be diverted to my student's email administrator for review. Consequences for misuse of email will be determined by the district, and may include restrictions, loss of privileges, or other disciplinary action. I further understand that my student's administrator can view my student's email account and digital locker at any time. While DoDDS-E and the district use a variety of measures to protect its users, no system will stop 100% of inappropriate content. DoDDS-E and the district accept no responsibility for harm caused directly or indirectly by its use.

By signing this agreement, I and my son/daughter agree to use the provided email account in an appropriate manner and abide by the district's policies for use.

School: _____

Student Name: (please print)

_____

Student Signature:

_____ Date: _____

Parent/Guardian Signature:

_____ Date: _____

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AFNORTH INTERNATIONAL SCHOOL MEDICAL POWER OF ATTORNEY

In the event that my dependent, _____, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision or while participating in any activities sponsored by AFNORTH International School, I authorize and release to any agent or employee of the school to send my dependent to any U.S. or civilian medical treatment facility if deemed necessary by the above referenced authority.
I understand that the above named authority of AFNORTH International School will use all diligent and reasonable efforts to contact my spouse or me. If neither my spouse nor I can be contacted after reasonable attempts, by either the said school or treatment facility, I authorize and release any physician or other qualified medical personnel to examine my child and provide any and all emergency care necessary for treating injuries and illness.

Medical information about the above mentioned dependent
1. My dependent has the following medical problems (such as diabetes, seizures, asthma, heart, kidney disease, etc.):_____YES____ NO_____
_____
2. My dependent is allergic to the following (such as medications, bee stings, food, etc.):_____YES____ No____
_____
3. My dependent takes the following medications on a regular or "as needed" basis (list the name and amount of each medication):_____YES____ NO_____

CONTACT INFORMATION FOR THE NURSE'S OFFICE
WE MUST HAVE ACCURATE AND CURRENT PHONE NUMBERS

Student's Name _____ Grade _____

Date of Birth _____

Sponsor and Spouse's Names _____

Physical Address _____

Home Phone _____

Sponsor's Unit _____ Work Phone _____ Cell _____

Spouse's Work Place _____ Work Phone _____ Cell_____

Primary email address: _____

Secondary email address: _____

Emergency contact name and number _____ Pickup authorized?

Alt Emergency Contact Name and num: _____ Pickup authorized?

I AGREE TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE INFORMATION ABOVE

Signature of Parent/Guardian _____ Date _____

Civilian "Pay Patient" Yes No

PRIVACY ACT NOTICE: AUTHORITY: Title V, Sec. 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parents' absence. ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names; (c) To supply health and medical information about student. This form is used by DoDDS employees and trained medical personnel in emergency. Social Security number of sponsor (US citizens) is required by military medical facilities in case of emergency referral. MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Mandatory.
School personnel will not be able to provide emergency care and health services in parents' absence.

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This form is included as a courtesy. It is not required for School Registration.

CYSS Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYSS activities now! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program (YP) or Parent Central Services (formerly known as CER). CYSS staff will verify your registration telephonically with your parent or guardian within 5 working days of receipt of form. Here's a look at some opportunities CYSS offers: dances, trips, classes, volunteer opportunities; homework assistance; up-to-date technology and internet access; place to meet friends; summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012. **PRINCIPAL PURPOSE(S)**: To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care. **ROUTINE USES**: Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent. **DISCLOSURE:** Disclosure of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

YOUTH: Last Name _____ **First Name**_____ **Nickname**_____

Gender: (circle one) M / F Grade_____ **School**_____ **DOB**_____ **Age** _____

E-mail Address:_____

I authorize YP to email me information and announcements about programs and events: Yes_____ ***No***_____

SPONSOR: Last Name_____ **First Name**_____

Status: Act Duty / Guard / Reserve / DOD Civ / Other_____ **(If Mil: Rank**_____ **Branch: AR / AF / NA / MA / CG)**

Unit/Employer _____ **Unit/Emp Address**_____ **APO AE**_____

Kaserne/Post_____ **Work Phone**_____ **Cell Phone**_____

Mailing Address_____ **APO AE**_____

Home Phone_____ **On-Post? Y or N Sponsor Email Address**_____

SPOUSE: Last Name_____ **First Name**_____

Status: Act Duty / Guard / Reserve / DOD Civ / Other Employed Civ / Student / Retired / Unemployed / Other_____

(If Mil: Rank_____ **Branch: AR / AF / NA / MA / CG) Spouse Email Address**_____

Unit/Employer _____ **Unit/Emp Address**_____ **City**_____

Zip_____ **Bldg #/Kaserne**_____ **Work Phone**_____ **Cell Phone**_____

EMERGENCY/RELEASE CONTACTS ***(Local adults, not parents, authorized to respond in an emergency*)**:

1. Last Name _____ **First Name** _____ **Work Ph**_____ **Cell**_____

Home Phone_____ **Is this person authorized to pick-up youth? Yes**_____ **No**_____

2. Last Name _____ **First Name** _____ **Work Ph**_____ **Cell**_____

Home Phone_____ **Is this person authorized to pick-up youth? Yes**_____ **No**_____

Please continue on back side

This form is included as a courtesy. It is not required for School Registration.

SPONSOR CONSENT: I, _____, parent/guardian of _____, give consent for an authorized CYSS representative to obtain medical/dental care for my youth in an emergency situation where his/her condition represents a serious or imminent threat to his/her life, health, or well being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3.

Does your Youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, etc.) Yes ___ No___ (If yes, DA form 7625-1 will be sent to you for completion and must be returned within 5 days.)

Can your Youth be photographed while participating in a CYSS program for release to the media? Yes____ No____

Does your Youth have permission to access to the internet? Yes ____ No ____

If yes, does your Youth have permission to access social networking sites? Yes____ No____

I have reviewed the information on this form and to the best of my knowledge, the information is accurate.

DATE: _____ Parent/Guardian SIGNATURE: _____

STAFF TELEPHONIC VERIFICATION: Name of verifying parent:_____

Staff Name_____ Verification Date_____ Time_____

Special needs? Y or N If yes, date DA 7625-1 sent to parent:_____ Date returned:_____

Date CYSS pass issued:_____ Staff Signature_____

We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our Youth Programs. If you would like more information, please call one of the numbers listed below:

Youth Program Information: **USAG Schinnen Youth Center**

The Youth Center (YC) is located on JFC Brunssum in building H-603. YC is open Monday-Friday. Hours of operation are 1530-1800 after school and from 0800-1800 on school out days. YC is closed all NATO holidays. Please contact us for more information by email cys.schinnen@benelux.army.mil or by phone DSN 314-364-3008 or CIV +31 (0) 45-526-3008.

Parent Central Services Information: **USAG Schinnen Parent Central Services**

Parent Central Services is located on JFC Brunssum in building H-505. Parent Central Services is open Monday-Friday. Hours of operation are 0800-1500 for walk-ins and from 1500-1700 by appointment only. Parent Central Services is closed American Holidays. Please contact Parent Central by email at CYS.Schinnen@eur.army.mil or by phone DSN 314-364-3121 or CIV +31 (0) 45-526-3121.

Notes:

1. *Youth may attend the regular Youth Programs (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of completed form.*
2. *CYSS staff will validate form registration. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled.*
3. *Once registration is validated (and, if required, DA 7625-1 is completed and returned), annual pass will be issued to youth.*
4. *Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate.*
5. *To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.*