

# One Stop Registration Packet

You must have the following documents with you to register your child for the 2012-2013 school years.

1. Proof of Housing  
(Resident Occupancy Agreement or 90 day Housing Letter signed by Superintendent)
  
2. Military Orders assigning sponsor to Fort Bragg/Pope AFB  
(If orders are 3 or more years old, provide a copy of the front of the sponsor's ID card)
  
3. Original Certified Birth Certificate  
(Copy will be made and kept on file)
  
4. Stepchild of the Sponsor require:  
\_\_\_\_\_ DEERS or Marriage Certificate  
\_\_\_\_\_ In Loco Parentis Form  
\_\_\_\_\_ Custody documents or completed affidavit  
\_\_\_\_\_ Original certified Marriage License  
(Copy made and kept on file)  
\_\_\_\_\_ Spouse ID card (copy of front of card only)
  
5. Immunizations Record (copy made and kept on file)
  
6. Completed registration packet  
Sponsor signature on DA Form 600 or Spouse signature with Copy of Military ID or POA.

Gordon Elementary School  
24 Percy Blvd. Bldg. 6323  
Cameron, North Carolina 28326

Telephone (910) 907-1300

Fax (910) 908-3504

R E Q U E S T F O R S T U D E N T R E C O R D S

Name of School Last Attended: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The student (s) listed below formerly attended your school. Please send copies pertaining to the child/ren.

**Cumulative Records**

- Birth Certificate
- Report Cards
- Attendance

**Grade Placement Information**

- Test Results
- Gifted
- Individual Education Plans

Accommodation Plans

- Speech

**Health Records**

- Shot Records
- Allergies
- Chronic Medical situation
- Psychological Reports

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Thank you for your assistance in this matter.

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

\_\_\_\_\_  
Date

Or

\_\_\_\_\_  
Signature of Enrolling School Official

\_\_\_\_\_  
Title

Federal law 9931 states that no parent or guardian's signature is required for educational records transferred to another educational agency. (Family Educational Rights and Privacy Act, Federal Register, June 17, 1976 Vol. 41 No. 118, page 24673)

205 - 3f (OSD 704-03.1a) DEST 2yrs after date of reply

**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 <input type="radio"/> M <input type="radio"/> F	e. Home Phone		g. Student Grade
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission <input type="radio"/> Y <input type="radio"/> N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed <input type="radio"/> Y <input type="radio"/> N	n. Computer/Internet Permission <input type="radio"/> Y <input type="radio"/> N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? <input type="radio"/> Y <input type="radio"/> N	r. Local Use

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

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

**SECTION II – SPONSOR INFORMATION**

4. Sponsor's Name (Last, First, Middle Initial)		5. [REDACTED]	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**

<p>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.</p> <p>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.</p> <p>I verify the information is correct or has been corrected.</p>	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
27. Exceptions (If none, enter NONE)	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		

# 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.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

ESL Home Language Questionnaire

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

THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT

Child's Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

1. What language is commonly spoken in your home?

English     Another Language (Please specify): \_\_\_\_\_

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

No     Yes    If yes: What language is spoken? \_\_\_\_\_

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

English     Another Language (Please specify) \_\_\_\_\_

4. Has your child attended English speaking schools?

No     Yes    If yes: How many years? \_\_\_\_\_

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

English     Another Language (Please specify) \_\_\_\_\_

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

English     Another Language (Please specify) \_\_\_\_\_

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

English     Another Language (Please specify) \_\_\_\_\_

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

English     Another Language (Please specify) \_\_\_\_\_

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

No     Yes    If yes, in what language? \_\_\_\_\_

Continued on the next page

**ESL Home Language Questionnaire (cont.)**

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.

**AND**

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 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 protect health and safety in the event of emergencies. The DoD Blanket Routine Uses found at [http://privacy.defense.gov/blanket\\_uses.shtml](http://privacy.defense.gov/blanket_uses.shtml) also apply to this collection**

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

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. **11<sup>th</sup> & 12<sup>th</sup> 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 \_\_\_\_\_





DOMESTIC DEPENDENT ELEMENTARY AND SECONDARY SCHOOLS

**Authorization for Inclusion of Student Name and Image in School Yearbook**

Dear Parents:

*During school registration, you signed a DoDEA Form 700 in which you declined to give permission for your child's name and image to be used in any media release. The media release declination included "military community publications," which includes the school's yearbook. Some parents who do not wish to authorize a general media release are willing to authorize the more specific, limited release of their child's personal information and photographic image for purposes of their child's name and picture being included in the annual school yearbook. If you are willing to approve the limited release of your child's personal information and photographic image to the photography/school yearbook vendor for the child's inclusion in the annual school yearbook, please sign the release below. However, if you do not wish to have your child's name and photographic image included in the annual school yearbook, please indicate accordingly.*

I give permission for my child's photographic image and limited personal information (i.e., name, homeroom, grade level and student identification number) to be provided to the photography/yearbook vendor for inclusion of that information (except student identification number) in the annual school yearbook. I agree that this authorization is valid until revoked in writing.

Please indicate whether you approve or disapprove by checking one of the two choices and signing below.

Approve/authorize release

Disapprove/decline release

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of student's parent/guardian

\_\_\_\_\_  
Date

## DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 2164 and 20 U.S.C. 921-932, authorizing DoD Directive 1342.20, "DoD Education Activity" (2007), authorizing DoD Education Activity Administrative Instruction 6600.1 (2010).

**PRINCIPAL PURPOSE(S):** The information on this form is used to authorize an individual student to use government-owned computer resources in accordance with, and subject to enforcement provisions of, DoD and DoDEA policies governing computer and Internet usage.

**ROUTINE USE(S):** Disclosure of germane information contained in this form within the Department of Defense is authorized upon a demonstrated "need to know" to perform an official duty. Routine disclosure of relevant and necessary information is authorized to agencies outside of the DoD by DoD Privacy Act Systems Notices, which may be found at <http://www.defenselink.mil/privacy/notices/osd/>. Records are maintained at the school level in student records for the duration of the student's enrollment.

**DISCLOSURE:** Voluntary; however, no individual is permitted to use DoDEA-controlled computer resources until they have signed this statement indicating agreement to use such equipment only in accordance with the DoDEA Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students.

#### 1. STUDENT INFORMATION *(Please print or type)*

a. NAME <i>(Last, first, middle initial)</i>	b. PARENT/GUARDIAN NAME <i>(Print)</i>
c. SCHOOL	d. TEACHER NAME/GRADE/SIGNATURE

#### 2. STUDENT AGREEMENT

I, *(print name)* \_\_\_\_\_, have received instruction in the appropriate use of DoDEA information technology resources, and I agree to abide by them. If I violate the Terms and Conditions, I understand that I may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions.

a. STUDENT SIGNATURE	b. DATE <i>(YYYYMMDD)</i>
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#### 3. PARENT OR GUARDIAN *(If student is under the age of 18, a parent or guardian must also read and sign this agreement.)*

I, *(print name)* \_\_\_\_\_, have read the Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students (attachment 1). I understand that my child must abide by these Terms and Conditions. I understand that if my child violates these standards, he/she may lose all access privileges on the DoDEA network and may be subject to school disciplinary and/or appropriate legal actions. I understand that computer and network access is being provided for educational purposes.

a. PARENT OR GUARDIAN SIGNATURE	b. DATE <i>(YYYYMMDD)</i>
---------------------------------	---------------------------

## 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 other 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.

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

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  Male  Female

Sponsor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
Duty Home

**PRIVACY ACT STATEMENT**

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

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

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

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

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

1. Gifted Education:

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

2. At Risk Services:

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

3. Individual Education Program (IEP):

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

4. Exceptional Family Member Program (EFMP):

- My child is eligible/enrolled in EFMP  Yes  No

5. My child previously received educational assistance or accommodations in a 504 Plan (*non-special education assistance*).

- Yes  No  
My child has a 504 Plan:  Yes  No

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date (MMDDYYYY)

# DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT HEALTH HISTORY

## PRIVACY ACT STATEMENT:

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

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

Check:  Female  Male  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (mm / dd / yyyy)

MEDICAL HISTORY: CHECK (✓) ALL THAT APPLY AND EXPLAIN BELOW OR ATTACH ADDITIONAL PAGE(S).	RESPIRATORY	ASTHMA	ALLERGIES (A SHSG Form H-3-7 should be completed)
<input type="checkbox"/> Wears glasses for reading	<input type="checkbox"/> Bronchitis	Date of Diagnosis:	<input type="checkbox"/> Bee sting
<input type="checkbox"/> Wears glasses full time	<input type="checkbox"/> Cystic fibrosis	Inhaler needed:	<input type="checkbox"/> Wasp sting
<input type="checkbox"/> Wears contacts	<input type="checkbox"/> Sinusitis	@ school * <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Other insects
<input type="checkbox"/> Color deficiency	<input type="checkbox"/> Other	@ home <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Other	<b>CARDIOVASCULAR</b>		<input type="checkbox"/> Environmental
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Sickle cell disorder	<b>PSYCHIATRY</b>	<input type="checkbox"/> Food / <u>Drug Allergy</u>
<input type="checkbox"/> Ear tubes	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Lactose intolerance
<input type="checkbox"/> Insertion date:	<input type="checkbox"/> Hemophilic/Other	<input type="checkbox"/> Bulimia	<input type="checkbox"/> (The school will need a letter from the doctor stating that the student is lactose intolerant.)
Are tubes currently in place:	<input type="checkbox"/> Bleeding disorders	<input type="checkbox"/> Autism	<b>PROCEDURES:</b> (A SHSG Form H-4-9 should be completed)
Right? YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> My child will/may require special health care procedures during the school day. (See page 2.)
Left? YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> Depression	<b>RESTRICTIONS</b>
<input type="checkbox"/> Hearing loss: Right <input type="checkbox"/>	<input type="checkbox"/> Rheumatoid heart disease	<input type="checkbox"/> Substance abuse history	<input type="checkbox"/> My child has a condition that warrants restriction of activities during school hours. (See page 2)
<input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> Suicidal	<input type="checkbox"/> My child takes daily medication at home.
<b>ENDOCRINE</b>	<b>MUSCULOSKELETAL</b>	<input type="checkbox"/> Other	<input type="checkbox"/> My child will need medications during school hours. (* See page 2.)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular Dystrophy		<input type="checkbox"/> My child may need emergency medications during school hours. (* See page 2.)
<input type="checkbox"/> Other	<input type="checkbox"/> Scoliosis	<b>NEUROLOGICAL</b>	
<b>DERMATOLOGY</b>	<input type="checkbox"/> Other	<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Eczema	<b>GASTROINTESTINAL</b>	<input type="checkbox"/> Frequent headaches	
<input type="checkbox"/> Other	<input type="checkbox"/> Hernia	<input type="checkbox"/> Migraines	
<b>GENITOURINARY</b>	<input type="checkbox"/> Other	<input type="checkbox"/> Spina Bifida	
<input type="checkbox"/> Bladder control problems	<b>DENTAL</b>	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Urinary track infections	<input type="checkbox"/> Braces	<input type="checkbox"/> Sleep disorder	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

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

Explain any of the above here or attach additional pages.

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

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

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

Parent/Sponsor's Signature:	Primary phone #:	Date:
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DEPARTMENT OF DEFENSE  
**FORT BRAGG SCHOOLS**  
 P.O. Box 70089  
 FORT BRAGG, NORTH CAROLINA 28307-0089  
 (910) 907-0200



Dear Parents,

Occasionally, it is necessary to close the school and dismiss the students earlier than the regular dismissal time. Such closures are usually due to weather conditions and other emergency conditions that may arise.

1. Fort Bragg Schools Community Superintendent's Office sends the message to:
  - a. Garrison Commander, Emergency Operation Control (EOC) and Pope AFB Command Post via telephone from the Community Superintendent's Office. Each activity is asked to immediately disseminate the **early release/closure message** throughout their department.
  - b. Public Affairs Office will notify radio and television stations as well as the command channel 7.

Television/radio stations notified:

WTVD (ABC 11)	WNCN (NBC 17)	WRAL (CBS 5)
UNC-TV (PBS)	WRAZ (Fox 50)	NEWS 14
WFNC/WQSM	WKML FM 95.7	WFLB 96.5

2. Buses will run their regular routes at this earlier dismissal time.
3. Child Development Centers (CDC) and Youth Services (YS) will be notified.
4. Intermediate School/Junior High School release will be 30 minutes after the elementary schools release time.

**It is necessary that you discuss with your child the possibility of such an early dismissal so that he/she understands what you expect him/her to do.**

Please indicate below how \_\_\_\_\_ should be released:  
 name of child

\_\_\_ Release my child as per usual (walk, bus, CDC, Youth Services, etc.). **Please note that CDC and YS may be closed.** Please plan for this possibility.

\_\_\_ Keep my child at school; he/she will be picked up by parent, guardian or designated emergency contact (as per registration card) **within 20 minutes of the dismissal time.**

\_\_\_ \*\* Release my child as per the following instructions:  
**\*\* NOTED ON THE REVERSE**

**I understand that it is my responsibility to know/find out** about the early dismissal by staying in touch with neighbors, co-workers and the above media outlets when bad weather is imminent or pending.

**I understand that it is my responsibility to discuss a plan with my child so that he/she will know what is expected of him/her should an early dismissal occur.** In addition ensure contact numbers are up to date. Cell phone numbers are welcomed.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

Child's Grade/Teacher: \_\_\_\_\_

Siblings \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

*Please use other side to provide emergency contact information.* →

Parent's Phone Numbers: Sponsor/Spouse

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

I give the following person(s) permission to retrieve my child, \_\_\_\_\_,

Name of Child

from school in the case of inclement weather.

---

Name

Phone numbers

---

Name

Phone numbers

I prefer that my child be released only to his/her parents or guardian.

**\*\* Special Instructions for releasing my child:**

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**GORDON ELEMENTARY  
STUDENT TRANSPORTATION/PICK-UP PROCEDURES**

Student's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate how your child will be traveling from school most days. **SELECT ONLY ONE** of the choices listed below. Please note that students may no longer walk or ride bikes to school or to home **UNESCORTED**.

Fort Bragg Master Policy 87 requires that all students 0 years to fourth grade be under direct supervision. The minimum age for the supervision provider would be a sibling in grade seven.

\_\_\_\_\_ My 5<sup>th</sup> Grade child will WALK home from school UNESCORTED.

\_\_\_\_\_ My child will WALK to school and to home ESCORTED by his/her parent(s) or an authorized person(see list below).

\_\_\_\_\_ My child will be dropped off & picked up by AUTOMOBILE by his/her parent(s) or an authorized person(see list below).

\_\_\_\_\_ My child will ride an **after school activity/daycare bus** (arrangements must be made through the Child Development Center.)

\_\_\_\_\_ My child will ride an off-post daycare van. Name of daycare \_\_\_\_\_  
Phone # \_\_\_\_\_

\*\*\*\*\*

In the event of Inclement weather (rain, snow, sleet) at dismissal time or in the event of an unscheduled early dismissal, my child will be transported as follows:

\_\_\_\_\_ Auto                      \_\_\_\_\_ Walk (parent(s) or authorized person must accompany)

\_\_\_\_\_ CDC bus (if post closes early CDC will not pick up students, parents **must** pick up)

\_\_\_\_\_ Off-post daycare. Name/Phone # \_\_\_\_\_

\*\*\*\*\*

Your child will not be released to any person, for any reason, whom you have not authorized by listing their name below. You may add or delete authorized persons by completing a new form in the school office. This procedure has been implemented to provide a safe mode of travel from school for your child.

\*\*\*\*\*

Authorized persons (other than parents) to transport my child from school:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Bike Rider (5<sup>th</sup> Grade ONLY) Registration on the back

**Gordon Elementary School**  
**Daily Student Arrival and Dismissal Procedure for Preschool Students**

Student's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: Preschool

Please indicate how your preschool child will travel to and from school each day.  
**SELECT ONLY ONE** choice for arrival and only one choice for dismissal:

**Arrival to School**

\_\_\_\_\_ My child will WALK to school. (We ask that PK students be escorted by a parent, authorized adult or older sibling.) My child will walk to school with:

Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_

\_\_\_\_\_ My child will arrive by AUTOMOBILE driven by his/her parent(s) or an authorized person. My child is authorized to ride to school with:

Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_

**Dismissal from School**

\_\_\_\_\_ My child will walk home from school. My child will walk home with the following individuals. Please include name and phone number:

Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_

\_\_\_\_\_ My child will be picked up by AUTOMOBILE. My child is authorized to ride home with the following individuals. Please include name and phone number.

Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ - Phone Number: \_\_\_\_\_

Your child will be released only to authorized persons listed on this form. You may add or delete authorized persons at any time by completing a new form in the school office. This procedure has been implemented to insure your child's safety. We appreciate your cooperation.

**GORDON ELEMENTARY SCHOOL  
EMERGENCY INFORMATION UPDATE**

(Please Print Clearly)

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Sponsor's Name & Rank: \_\_\_\_\_

Sponsor's Unit/Company: \_\_\_\_\_

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

HOME PHONE NUMBER: \_\_\_\_\_

DUTY/WORK PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

SPOUSE'S WORK PHONE NUMBER: \_\_\_\_\_

SPOUSE'S CELL PHONE NUMBER: \_\_\_\_\_

**LOCAL EMERGENCY CONTACTS (REQUIRED)**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authority: 10 USC 2164

Purpose: This information will be used to provide demographic information to the individual school.

Routine Use: Information will be used to contact parents and input student information into school database.

Mandatory/Voluntary: Voluntary. Administration will be unable to contact parents in case of emergency.