

**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 SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	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	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 SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	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 SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	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	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	
27. Exceptions (If none, enter NONE)		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	

## Student Registration Supplement Sheet

### Entry / Status Codes

Correspondence Study Program  
 From DoDDS – Another Area  
 From DoDDS – Within Area  
 From Foreign School  
 From Home Schooling  
 From Host Nation School  
 First Time Student  
 From Private School  
 From DDESS School  
 From U.S. Public School  
 From Other  
 Returned After Dropping Out

### Sponsor Codes

Aunt  
 Brother  
 Brother-in-law  
 Father  
 Foster Parent  
 Grandfather  
 Grandmother  
 Guardian  
 Mother  
 Other  
 Sister  
 Sister-in-law  
 Spouse  
 Stepfather  
 Stepmother  
 Uncle

## Title Codes

Other                      Air Force                      Army                      Marine Corps                      Navy

Mr Mrs	Gen Lt Gen	GEN LTG	GEN LtGen	ADM VADM
Miss	Maj Gen	MG	MajGen	RADM(L)
Ms	Brig Gen	BG	BGen	RADM(U)
Dr	Col	COL	Col	CAPT
Rev	Lt Col	LTC	LtCol	CDR
Chaplain	Maj	MAJ	Maj	LCDR
Ambassador	Capt	CPT	CAPT	LT
	1st Lt	1LT	1stLt	LTjg
	2nd Lt	2LT	2ndLt	ENS
	CMSAF	CW5	CWO-5	CWO4
	CMSgt	CW4	CWO-4	CWO3
	SMSgt	CW3	CWO-3	CWO2
	MSgt	CW2	CWO-2	WO1
	TSgt	WO1	CWO-1	MCPON
	SSgt	SMA	SgtMajMC	MCPO
	Sgt	CSM	SgtMaj	SCPO
	SRA	SGM	MGySgt	CPO
	A1C	1SG	1stSgt	PO1
	Amn	MSG	MSgt	PO2
	AB	PSG	GySgt	PO3
		SFC	SSgt	SN
		SSG	Sgt	SA
		SGT	CPL	SR
		CPL	LCpl	HA
		SPC	PFC	HM1
		PFC	Pvt	HM2
		PV2		HM3
		PVT		HMC
				HMCS
				HN
				HR

Replaces Code Directories and Title Codes on SD Form 600 (Back), APR 91 and DS Form 100, JAN 82