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

<u>PRINCIPAL PURPOSE(S):</u> 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

	010110111 01052111		
1a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone		g. Student Grade
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission	j. Sponsor Relationship	k. Employer Type Code
,	Y N		
I. Citizenship	m. Home Language Survey Completed	n. Computer/Internet Permission	o. Entry / Status Code
Ci l I F 'l Address	Y N	Y N	
p. Student Email Address		q. Previous DoDEA Student ?	r. Local Use
		Y N	
O - Otrodant Nicophor	Condent Lama Nama (Lost First Middle)		- Duefermed Name
2a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender	e. Home Phone	f	g. Student Grade
M F			
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission $Y \qquad N$	j. Sponsor Relationship	k. Employer Type Code
I. Citizenship	m. Home Language Survey Completed	n. Computer/Internet Permission	o. Entry / Status Code
	Y N	Y N	
p. Student Email Address		q. Previous DoDEA Student?	r. Local Use
		Y N	
3a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender	e. Home Phone	f.	g. Student Grade
M F			
h. Birth Date (MMMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
I. Citizenship	m. Home Language Survey Completed	n. Computer/Internet Permission	o. Entry / Status Code
	Y N	Y N	
p. Student Email Address		q. Previous DoDEA Student?	r. Local Use
		Y N	

	<u> </u>	CHON II - 31 C	DNSOR INFO	JKIMATION				
4. Sponsor's Name (Last, First, Mic	dle Initial)	5.			6. Pay/Civ Grade	7. Titl	e / Rank	
8. Organization		9. Lc	. Location of Unit		10. Duty Phone	11. Rotation / ETS Date		
12. Spouse's Name (Last, First, Middle Initial) 13.		13. Spouse's	se's Title 14. Spo		se'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 EMERO	GENCY CO	NTACT INFO	RMATION			
24a. Emergency Contact Name (No	ot Sponsor or Spouse)	24b. Cor	ntact Duty Ph	one	24c. Conta	ct Home Phone	
24d. Emergency Contact Address (During Day)			24e. Doc	24e. Doctor's Name (If not Military Clinic) 24f. Doctor's Phone N				
25a. Emergency Contact 2 Name (Optional)			25b. Contact 2 Duty Phone (Optional)			25c. Contact 2 Home Phone		
25d. Emergency Contact 2 Address	s (Optional)		25e. Loc	al Use				
SEC	CTION IV – PERMANE	ENT STATESID	E / EMERG	ENCY CONT	TACT INFORMATION	١		
SEC 26a. Contact Name	CTION IV – PERMANE	ENT STATESID		ENCY CONT		N		
	CTION IV – PERMANE	ENT STATESID	26b. Cor		Phone	N		
26a. Contact Name	CTION IV – PERMANI	ENT STATESID	26b. Cor	ntact Home P	Phone	N		
26a. Contact Name		ENT STATESID	26b. Cor 26d. Rel	ntact Home P	Phone	N		
26a. Contact Name	SECTION V - review my child(ren)'s	- CONSENT and a records and sed to the next	26b. Cor 26d. Rel 26d. Rel 34. First	ationship to \$	Phone Sponsor RMATION Starts School	35. DoDAA	AC	
26a. Contact Name 26c. Contact Address I understand that I have the right to that a copy of the school and health school (exclusive of colleges and unwithout further approval. I give permission for my child(ren) to emergency treatment considered near the school of	SECTION V - review my child(ren)'s n records will be releas niversities) he/she/the	- CONSENT and sed to the next y attend(s)	26b. Cor 26d. Rel 26d. Rel 34. First	ationship to S use INFOR Day Student (MMMDDYY	Phone Sponsor RMATION Starts School		AC	
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