Isles District
Registration Process

If you are looking at this registration page, I am assuming you are going to be moving to the Isles District. I am Dr. Ronald McIntire, the superintendent of the Isles District and I would like to personally welcome you. You will find our schools second to none and our bases and supporting commands great places to live and work.

To avoid frustration during the registration process, we have restrict the number of forms to the minimum and are working to reduce the numbers of times you have to retype your name and other basic data. To help overcome this hurdle we are going to use a fill able form. To use this form, you type in the appropriate information on the "Data Collection." 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 else you could print the forms and finish filling them in with a pen.

We have not included the sponsor's Social Security Number but you will need to fill this in manually when you actually enroll your child/ren in school. 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. While you can start the registration process at any Isles school, you are encouraged to visit each of your children's schools and may need to do so in order to facilitate student course selections, etc.

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.

Dr. Ronald McIntire
Superintendent of School
Isles District

Reset Form - This will delete all data

Save Document Print Pages

Data Entry Page: Data should be information appropriate for your **new duty station** once you arrive in the Isles. Use this first page to enter generic data on all forms. The forms can then be printed and 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.

Student's Data	Student 1	Student 2	Student 3
LastName, First Middle			
Preferred Name			
Current Grade Level			
Birthday (mm,dd,yyyy)			
Student ID			
Sponsor Relationship			
Citizenship			
School			
Gender	M F	M F	M F
Bus Needed Enter Year	Current --- Next	Current --- Next	Current --- Next

Sponsor's Data

LastName, First Middle	
Title / Rank	
Organization	
Location of Unit	
Rotation / ETS Date	
Email Address	
Home Phone	
Duty Phone	
Cell Phone	
Mailing Address	
Physical Address	
Date Used for Signing	

Sponsor's Spouse's Data

Spouse's LastName, First Middle	
Title / Rank	
Spouse Cell Phone	

Save Document Print Pages

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	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.		34. First Day Student Starts School (MMMDDYYYY)	35. DoDAAC
		36. School Name	
		37. Orders on File / Verified	Y N
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	

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
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STUDENT NAME: _____ **DATE:** _____

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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

INSTRUCTIONS: SPONSOR/PARENT/GUARDIAN-READ CAREFULLY AND CHECK (✓) ALL CONDITIONS THAT APPLY TO YOUR CHILD.

Student #_____ Grade_____	**STUDENT'S NAME (Print) LAST FIRST MI**	CHECK ✓ Female ☐ Male ☐	Date of Birth: _____/_____/_____ mo day yr

HEALTH HISTORY

VISUAL DEFECT	✓	**COMMENTS**	**CARDIOVASCULAR**	✓	**COMMENTS**
WEARS GLASSES	☐	☐ For Reading **ONLY**	SICKLE CELL DISORDER	☐	
CONTACTS	☐		ANEMIA	☐	
COLOR DEFIENCY	☐		CONGENITAL HEART	☐	
OTHER	☐		RHEUMATOID HEART	☐	
HEARING DEFECT	✓		HEART MURMUR	☐	
EAR INFECTIONS Frequency:	☐	Last Date:	RESTRICTIONS YES ☐ NO ☐	☐	Explain
TUBE IN EAR(S) Left ☐ Right ☐	☐	Date of insertion:	OTHER	☐	
HEARING LOSS	✓		**RESPIRATORY**	✓	
MILD Left ☐ Right ☐	☐	Date Diagnosis:	ASTHMA Date of Diagnosis:	☐	**Inhaler needed:** **@ school** YES ☐ NO ☐ **@ home** YES ☐ NO ☐
MODERATE Left ☐ Right ☐	☐	Date Diagnosis:	BRONCHITIS	☐	
SEVERE Left ☐ Right ☐	☐	Date Diagnosis:	CYSTIC FIBROSIS	☐	
HEARING AID(S) Left ☐ Right ☐	☐	Date:	TUBERCULOSIS Date of Diagnosis:	☐	Type of Treatment: Date of Treatment:
CONGENITAL EAR DEFECT Left ☐ Right ☐	☐		NOSEBLEEDS	☐	Frequency:
ALLERGIES	✓	**ANA Kit Required**	SINUSITIS	☐	Frequency:
BEE STING	☐	YES ☐ NO ☐	**DERMATOLOGY**	✓	
FOOD (SPECIFY)	☐	YES ☐ NO ☐	PROBLEMS WITH BODY PIERCING/TATOOS	☐	
DRUG (SPECIFY)	☐	YES ☐ NO ☐	FEVER BLISTERS COLD SORES	☐	
ENVIRONMENTAL	☐		CONTACT DERMITITIS	☐	
SEASONAL	☐		ACNE	☐	
LACTOSE INTOLERANCE	☐		ECZEMA	☐	
ENDOCRINE	✓		DANDRUFF	☐	
DIABETES Date Diagnosed:	☐	**Insulin needed:** **@ school** YES ☐ NO ☐ **@ home** YES ☐ NO ☐	TINEA (RINGWORM) Body ☐ Head ☐ Feet ☐	☐	
HYPERGLYCEMIC	☐		**MUSCULO/SKELETAL**	✓	
HYPOGLYCEMIC	☐		ARTHRITIS	☐	
THYROID DISORDER	☐		MUSCULAR DYSTROPHY	☐	
PARISITES (HISTORY OF)	✓		HISTORY OF FRACTURE Explain:	☐	Date:
MALERIA	☐		SCOLIOSIS	☐	Date Diagnosed:
PIN WORMS	☐		DEFORMITY Explain:	☐	
SCABIES	☐		HERNIA	☐	
HEAD LICE	☐		OSGOOD-SCHLATTER	☐	

CONTINUE ON REVERSE SIDE

STUDENT HEALTH HISTORY – CONTINUED

NEUROLOGY	✓	COMMENTS	GASTROINTESTINAL/ GENITOURINARY	✓	COMMENTS
CEREBRAL PALSY	☐		BLADDER CONTROL PROBLEMS Explain:	☐	
SEIZURE DISORDER	☐	Date of last seizure: **Medication needed:** **@ school** YES NO **@ home** YES NO	URINARY TRACT INFECTION Explain Frequency:	☐	Date of last infection:
MIGRAINE Specify Frequency	☐	Date of last migraine: **Medication needed:** **@school** YES NO **@ home.** YES NO	BOWEL CONTROL PROBLEMS Explain:	☐	
SPINA BIFIDA	☐		**DENTAL**	✓	
SLEEP DISORDER	☐		BRACES	☐	
HEADACHES Specify Frequency	☐		CAVITIES: Date of last Dental Exam:	☐	
PSYCHIATRIC	✓		CANKER SORES	☐	
ATTENTION DEFICT (HYPERACTIVITY) DISORDER ADD/ADHD	☐	Date of Diagnosis: **Medication needed:** **@ school.** YES NO **@ home** YES NO	**NUTRITION METABOLIC**	✓	
DEPRESSION Date Diagnosed:	☐	**Medication needed:** **@ school** YES NO **@ home.** YES NO	NUTRITIONAL PROBLEMS Explain:	☐	
AUTISM	☐		OVERWEIGHT/OBESE	☐	
SUICIDAL History of	☐	Date:	POOR APPEITITE	☐	
SUBSTANCE ABUSE, History of	☐	Circle: Drugs, Alcohol, Tobacco, and/or Inhalants Date:	**MISCELLANIOUS**	✓	
ANOREXIA	☐		THUMBSUCKING	☐	
BULIMIA	☐		MOTION SICKNESS	☐	

MEDICATION AND HOSPITALIZATION

DOES YOUR CHILD NEED TO TAKE DAILY MEDICATIONS AT SCHOOL? A medication during school hours form **MUST** be signed by a physician and a parent and **MUST** accompany prescribed medications. All medications taken at school **MUST** be maintained and administered from the health office under school personnel supervision. **SPECIFY ALL CURRENT MEDICATIONS** ***(to include medications taken at home):***	YES NO	Comments
HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason: Date: _____ Length of Hospitalization_____ SPECIFY REASON: mo/day/yr.	YES NO	Comments

SPACE BELOW FOR PARENT TO PROVIDE ADDITIONAL INFORMATION CONCERNING OTHER MEDICAL CONDITIONS.

(PLEASE PRINT)

PRIVACY ACT NOTICE

AUTHORITY: Sections 113, 136 and 2164 of title 10, and 921-932 of title 20 of the United States Code.
PRINCIPAL PURPOSE: To promote student's health for learning.
ROUTINE USE (S): Disclosures are authorized by 5 U.S.C. 552a(b) of the Privacy Act within DoD and outside DoD as a routine use pursuant to DoD Blanket Routine Uses set fort at http://defenselink.mil/privacy/noticesosd, authorized by 5 U.S.C. 552a(b)(3).
DISCLOSURE: Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.

Parent/Sponsor's Signature:	**Date:**

Isles District

OFFICE OF THE SCHOOL NURSE

HEALTH HISTORY UPDATE
RETURNING STUDENT
SY 2010-2011

STUDENT NAME: _____ DOB: _____

Please check the appropriate answer.

	NO	YES
1. Any changes in health status since last year's registration?	____	____
2. Does your child take any medication at home or at school?	____	____
3. Is there any health condition that the nurse should be aware of?	____	____

1. If **YES**, list below:

_____

_____

2. If **YES**, please list below:

_____

_____

3. If **YES**, list below:

_____

_____

* In order for school personnel to administer medications during school hours a "*Medication During School Hours*" form, signed by the attending physician and the student's parents, **MUST** be provided to the school nurse. The medications must be brought to the school nurse in the original container, properly labeled by the pharmacy or physician. The label should indicate the name of the student and physician, the medication, dosage, frequency, and date issued. The date of the prescription needs to be within the current school year. Last year's permissions are null and void, as this process must be re-accomplished each NEW school year.

_____ _____

PARENT SIGNATURE DATE

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

STUDENT HEALTH HISTORY

INSTRUCTIONS: SPONSOR/PARENT/GUARDIAN-READ CAREFULLY AND CHECK (✓) ALL CONDITIONS THAT APPLY TO YOUR CHILD.

Student #_____ Grade_____	**STUDENT'S NAME (Print) LAST FIRST MI**	CHECK ✓ Female ☐ Male ☐	Date of Birth: _____/_____/_____ mo day yr

HEALTH HISTORY

VISUAL DEFECT	✓	**COMMENTS**	**CARDIOVASCULAR**	✓	**COMMENTS**
WEARS GLASSES	☐	☐ For Reading **ONLY**	SICKLE CELL DISORDER	☐	
CONTACTS	☐		ANEMIA	☐	
COLOR DEFIENCY	☐		CONGENITAL HEART	☐	
OTHER	☐		RHEUMATOID HEART	☐	
HEARING DEFECT	✓		HEART MURMUR	☐	
EAR INFECTIONS Frequency:	☐	Last Date:	RESTRICTIONS YES ☐ NO ☐	☐	Explain
TUBE IN EAR(S) Left ☐ Right ☐	☐	Date of insertion:	OTHER	☐	
HEARING LOSS	✓		**RESPIRATORY**	✓	
MILD Left ☐ Right ☐	☐	Date Diagnosis:	ASTHMA Date of Diagnosis:	☐	**Inhaler needed:** **@ school** YES ☐ NO ☐ **@ home** YES ☐ NO ☐
MODERATE Left ☐ Right ☐	☐	Date Diagnosis:	BRONCHITIS	☐	
SEVERE Left ☐ Right ☐	☐	Date Diagnosis:	CYSTIC FIBROSIS	☐	
HEARING AID(S) Left ☐ Right ☐	☐	Date:	TUBERCULOSIS Date of Diagnosis:	☐	Type of Treatment: Date of Treatment:
CONGENITAL EAR DEFECT Left ☐ Right ☐	☐		NOSEBLEEDS	☐	Frequency:
ALLERGIES	✓	**ANA Kit Required**	SINUSITIS	☐	Frequency:
BEE STING	☐	YES ☐ NO ☐	**DERMATOLOGY**	✓	
FOOD (SPECIFY)	☐	YES ☐ NO ☐	PROBLEMS WITH BODY PIERCING/TATOOS	☐	
DRUG (SPECIFY)	☐	YES ☐ NO ☐	FEVER BLISTERS COLD SORES	☐	
ENVIRONMENTAL	☐		CONTACT DERMITITIS	☐	
SEASONAL	☐		ACNE	☐	
LACTOSE INTOLERANCE	☐		ECZEMA	☐	
ENDOCRINE	✓		DANDRUFF	☐	
DIABETES Date Diagnosed:	☐	**Insulin needed:** **@ school** YES ☐ NO ☐ **@ home** YES ☐ NO ☐	TINEA (RINGWORM) Body ☐ Head ☐ Feet ☐	☐	
HYPERGLYCEMIC	☐		**MUSCULO/SKELETAL**	✓	
HYPOGLYCEMIC	☐		ARTHRITIS	☐	
THYROID DISORDER	☐		MUSCULAR DYSTROPHY	☐	
PARISITES (HISTORY OF)	✓		HISTORY OF FRACTURE Explain:	☐	Date:
MALERIA	☐		SCOLIOSIS	☐	Date Diagnosed:
PIN WORMS	☐		DEFORMITY Explain:	☐	
SCABIES	☐		HERNIA	☐	
HEAD LICE	☐		OSGOOD-SCHLATTER	☐	

CONTINUE ON REVERSE SIDE

STUDENT HEALTH HISTORY – CONTINUED

NEUROLOGY	✓	COMMENTS	GASTROINTESTINAL/ GENITOURINARY	✓	COMMENTS
CEREBRAL PALSY	☐		BLADDER CONTROL PROBLEMS Explain:	☐	
SEIZURE DISORDER	☐	Date of last seizure: **Medication needed:** **@ school** YES NO **@ home** YES NO	URINARY TRACT INFECTION Explain Frequency:	☐	Date of last infection:
MIGRAINE Specify Frequency	☐	Date of last migraine: **Medication needed:** **@school** YES NO **@ home.** YES NO	BOWEL CONTROL PROBLEMS Explain:	☐	
SPINA BIFIDA	☐		**DENTAL**	✓	
SLEEP DISORDER	☐		BRACES	☐	
HEADACHES Specify Frequency	☐		CAVITIES: Date of last Dental Exam:	☐	
PSYCHIATRIC	✓		CANKER SORES	☐	
ATTENTION DEFICT (HYPERACTIVITY) DISORDER ADD/ADHD	☐	Date of Diagnosis: **Medication needed:** **@ school.** YES NO **@ home** YES NO	**NUTRITION METABOLIC**	✓	
DEPRESSION Date Diagnosed:	☐	**Medication needed:** **@ school** YES NO **@ home.** YES NO	NUTRITIONAL PROBLEMS Explain:	☐	
AUTISM	☐		OVERWEIGHT/OBESE	☐	
SUICIDAL History of	☐	Date:	POOR APPEITITE	☐	
SUBSTANCE ABUSE, History of	☐	Circle: Drugs, Alcohol, Tobacco, and/or Inhalants Date:	**MISCELLANIOUS**	✓	
ANOREXIA	☐		THUMBSUCKING	☐	
BULIMIA	☐		MOTION SICKNESS	☐	

MEDICATION AND HOSPITALIZATION

DOES YOUR CHILD NEED TO TAKE DAILY MEDICATIONS AT SCHOOL? A medication during school hours form **MUST** be signed by a physician and a parent and **MUST** accompany prescribed medications. All medications taken at school **MUST** be maintained and administered from the health office under school personnel supervision. **SPECIFY ALL CURRENT MEDICATIONS** ***(to include medications taken at home):***	YES NO	Comments
HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason: Date: _____ Length of Hospitalization_____ SPECIFY REASON: mo/day/yr.	YES NO	Comments

SPACE BELOW FOR PARENT TO PROVIDE ADDITIONAL INFORMATION CONCERNING OTHER MEDICAL CONDITIONS.

(PLEASE PRINT)

PRIVACY ACT NOTICE

AUTHORITY: Sections 113, 136 and 2164 of title 10, and 921-932 of title 20 of the United States Code.
PRINCIPAL PURPOSE: To promote student's health for learning.
ROUTINE USE (S): Disclosures are authorized by 5 U.S.C. 552a(b) of the Privacy Act within DoD and outside DoD as a routine use pursuant to DoD Blanket Routine Uses set fort at http://defenselink.mil/privacy/noticesosd, authorized by 5 U.S.C. 552a(b)(3).
DISCLOSURE: Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.

Parent/Sponsor's Signature:	**Date:**

Isles District

OFFICE OF THE SCHOOL NURSE

HEALTH HISTORY UPDATE
RETURNING STUDENT
SY 2010-2011

STUDENT NAME: _____ DOB: _____

Please check the appropriate answer.

	NO	YES
1. Any changes in health status since last year's registration?	____	____
2. Does your child take any medication at home or at school?	____	____
3. Is there any health condition that the nurse should be aware of?	____	____

1. If **YES**, list below:

_____

_____

2. If **YES**, please list below:

_____

_____

3. If **YES**, list below:

_____

_____

* In order for school personnel to administer medications during school hours a "*Medication During School Hours*" form, signed by the attending physician and the student's parents, **MUST** be provided to the school nurse. The medications must be brought to the school nurse in the original container, properly labeled by the pharmacy or physician. The label should indicate the name of the student and physician, the medication, dosage, frequency, and date issued. The date of the prescription needs to be within the current school year. Last year's permissions are null and void, as this process must be re-accomplished each NEW school year.

_____ _____

PARENT SIGNATURE DATE

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

STUDENT HEALTH HISTORY

INSTRUCTIONS: SPONSOR/PARENT/GUARDIAN-READ CAREFULLY AND CHECK (✓) ALL CONDITIONS THAT APPLY TO YOUR CHILD.

Student #_____ Grade_____	**STUDENT'S NAME (Print) LAST FIRST MI**	CHECK ✓ Female ☐ Male ☐	Date of Birth: _____/_____/_____ mo day yr

HEALTH HISTORY

VISUAL DEFECT	✓	**COMMENTS**	**CARDIOVASCULAR**	✓	**COMMENTS**
WEARS GLASSES	☐	☐ For Reading **ONLY**	SICKLE CELL DISORDER	☐	
CONTACTS	☐		ANEMIA	☐	
COLOR DEFIENCY	☐		CONGENITAL HEART	☐	
OTHER	☐		RHEUMATOID HEART	☐	
HEARING DEFECT	✓		HEART MURMUR	☐	
EAR INFECTIONS Frequency:	☐	Last Date:	RESTRICTIONS YES ☐ NO ☐	☐	Explain
TUBE IN EAR(S) Left ☐ Right ☐	☐	Date of insertion:	OTHER	☐	
HEARING LOSS	✓		**RESPIRATORY**	✓	
MILD Left ☐ Right ☐	☐	Date Diagnosis:	ASTHMA Date of Diagnosis:	☐	**Inhaler needed:** **@ school** YES ☐ NO ☐ **@ home** YES ☐ NO ☐
MODERATE Left ☐ Right ☐	☐	Date Diagnosis:	BRONCHITIS	☐	
SEVERE Left ☐ Right ☐	☐	Date Diagnosis:	CYSTIC FIBROSIS	☐	
HEARING AID(S) Left ☐ Right ☐	☐	Date:	TUBERCULOSIS Date of Diagnosis:	☐	Type of Treatment: Date of Treatment:
CONGENITAL EAR DEFECT Left ☐ Right ☐	☐		NOSEBLEEDS	☐	Frequency:
ALLERGIES	✓	**ANA Kit Required**	SINUSITIS	☐	Frequency:
BEE STING	☐	YES ☐ NO ☐	**DERMATOLOGY**	✓	
FOOD (SPECIFY)	☐	YES ☐ NO ☐	PROBLEMS WITH BODY PIERCING/TATOOS	☐	
DRUG (SPECIFY)	☐	YES ☐ NO ☐	FEVER BLISTERS COLD SORES	☐	
ENVIRONMENTAL	☐		CONTACT DERMITITIS	☐	
SEASONAL	☐		ACNE	☐	
LACTOSE INTOLERANCE	☐		ECZEMA	☐	
ENDOCRINE	✓		DANDRUFF	☐	
DIABETES Date Diagnosed:	☐	**Insulin needed:** **@ school** YES ☐ NO ☐ **@ home** YES ☐ NO ☐	TINEA (RINGWORM) Body ☐ Head ☐ Feet ☐	☐	
HYPERGLYCEMIC	☐		**MUSCULO/SKELETAL**	✓	
HYPOGLYCEMIC	☐		ARTHRITIS	☐	
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CONTINUE ON REVERSE SIDE

STUDENT HEALTH HISTORY – CONTINUED

NEUROLOGY	✓	COMMENTS	GASTROINTESTINAL/ GENITOURINARY	✓	COMMENTS
CEREBRAL PALSY	☐		BLADDER CONTROL PROBLEMS Explain:	☐	
SEIZURE DISORDER	☐	Date of last seizure: **Medication needed:** **@ school** YES NO **@ home** YES NO	URINARY TRACT INFECTION Explain Frequency:	☐	Date of last infection:
MIGRAINE Specify Frequency	☐	Date of last migraine: **Medication needed:** **@school** YES NO **@ home.** YES NO	BOWEL CONTROL PROBLEMS Explain:	☐	
SPINA BIFIDA	☐		**DENTAL**	✓	
SLEEP DISORDER	☐		BRACES	☐	
HEADACHES Specify Frequency	☐		CAVITIES: Date of last Dental Exam:	☐	
PSYCHIATRIC	✓		CANKER SORES	☐	
ATTENTION DEFICT (HYPERACTIVITY) DISORDER ADD/ADHD	☐	Date of Diagnosis: **Medication needed:** **@ school.** YES NO **@ home** YES NO	**NUTRITION METABOLIC**	✓	
DEPRESSION Date Diagnosed:	☐	**Medication needed:** **@ school** YES NO **@ home.** YES NO	NUTRITIONAL PROBLEMS Explain:	☐	
AUTISM	☐		OVERWEIGHT/OBESE	☐	
SUICIDAL History of	☐	Date:	POOR APPEITITE	☐	
SUBSTANCE ABUSE, History of	☐	Circle: Drugs, Alcohol, Tobacco, and/or Inhalants Date:	**MISCELLANIOUS**	✓	
ANOREXIA	☐		THUMBSUCKING	☐	
BULIMIA	☐		MOTION SICKNESS	☐	

MEDICATION AND HOSPITALIZATION

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HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason: Date: _____ Length of Hospitalization_____ SPECIFY REASON: mo/day/yr.	YES NO	Comments

SPACE BELOW FOR PARENT TO PROVIDE ADDITIONAL INFORMATION CONCERNING OTHER MEDICAL CONDITIONS.

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DISCLOSURE: Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.

Parent/Sponsor's Signature:	**Date:**

Isles District

OFFICE OF THE SCHOOL NURSE

HEALTH HISTORY UPDATE
RETURNING STUDENT
SY 2010-2011

STUDENT NAME: _____ DOB: _____

Please check the appropriate answer.

	NO	YES
1. Any changes in health status since last year's registration?	____	____
2. Does your child take any medication at home or at school?	____	____
3. Is there any health condition that the nurse should be aware of?	____	____

1. If **YES**, list below:

_____

_____

2. If **YES**, please list below:

_____

_____

3. If **YES**, list below:

_____

_____

* In order for school personnel to administer medications during school hours a "*Medication During School Hours*" form, signed by the attending physician and the student's parents, **MUST** be provided to the school nurse. The medications must be brought to the school nurse in the original container, properly labeled by the pharmacy or physician. The label should indicate the name of the student and physician, the medication, dosage, frequency, and date issued. The date of the prescription needs to be within the current school year. Last year's permissions are null and void, as this process must be re-accomplished each NEW school year.

_____ _____

PARENT SIGNATURE 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***

If you stated in the Special Needs Questionnaire that your 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 DEPENDENTS SCHOOLS

SPECIAL NEEDS QUESTIONNAIRE

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

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

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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			
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Sponsor's Signature:			

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS

SPECIAL NEEDS QUESTIONNAIRE

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

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

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Name of School and Location

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

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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:			

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

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.

_____

_____

_____

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.

DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS

DoD STANDARD MANDATORY NOTICE AND CONSENT PROVISION FOR ALL DoD INFORMATION SYSTEM USER AGREEMENTS

By signing this agreement, you acknowledge and consent that when you access DoDEA information systems:

a. You are accessing a U.S. Government information system (which includes any device attached to this information system) that is provided for U.S. Government authorized use only.

b. You consent to the following conditions:

(1) The U.S. Government routinely intercepts and monitors communications on this information system for purposes including, but not limited to, penetration testing, communications security monitoring, network operations and defense, personnel misconduct, law enforcement, and counterintelligence investigations.

(2) At any time, the U.S. Government may inspect and seize data stored on this information system.

(3) Communications using, or data stored on, this information system are not private, and are subject to routine monitoring, interception, and search, and may be disclosed or used for any U.S. Government-authorized purpose.

(4) This information system includes security measures (e.g., authentication and access controls) to protect U.S. Government interests, not for personal benefit or privacy.

(5) Notwithstanding the above, using an information system does not constitute consent to personnel misconduct, law enforcement, or counterintelligence investigative searching or monitoring of the content of privileged communications or data (including work product) that are related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Under these circumstances, such communications and work product are private and confidential, as further explained below:

(a) Nothing in this User Agreement shall be interpreted to limit the user's consent, or in any other way restrict or affect, any U.S. Government actions for purposes of network administration, operation, protection, or defense, or communications security. This includes all communications and data on an information system, regardless of any applicable privilege or confidentiality.

(b) The user consents to interception/capture and seizure of ALL communications and data for any authorized purpose, including personnel misconduct, law enforcement, or counterintelligence investigation. However, consent to interception/capture or seizure of communications and data is not consent to the use of privileged communications or data for personnel misconduct, law enforcement, or counterintelligence investigation against any party and does not negate any applicable privilege or confidentiality that otherwise applies.

DoD STANDARD MANDATORY NOTICE AND CONSENT PROVISION FOR ALL DoD INFORMATION SYSTEM USER AGREEMENTS *(Continued)*

(c) Protection of a privilege, or is covered by a duty of confidentiality, is determined in accordance with established legal standards and DoD policy. Users are strongly encouraged to seek personal legal counsel on such matters prior to using an information system if the user intends to rely on the protections of a privilege or confidentiality.

(d) Users should take reasonable steps to identify such communications or data that the user asserts are protected by any such privilege or confidentiality. However, the user's identification or assertion of a privilege or confidentiality is not sufficient to create such protection where none exists under established legal standards and DoD policy.

(e) A user's failure to take reasonable steps to identify such communications or data as privileged or confidential does not waive the privilege or confidentiality if such protections otherwise exist under established legal standards and DoD policy. However, in such cases the U.S. Government is authorized to take reasonable actions to identify such communication or data as being subject to a privilege or confidentiality, and such actions do not negate any applicable privilege or confidentiality.

(f) These conditions preserve the confidentiality of the communication or data, and the legal protections regarding the use and disclosure of privileged information, and thus such communications and data are private and confidential. Further, the U.S. Government shall take all reasonable measures to protect the content of captured/seized privileged communications and data to ensure they are appropriately protected.

(6) In cases where the user has consented to content searching or monitoring of communications or data for personnel misconduct, law enforcement, or counterintelligence investigative searching (i.e., for all communications and data other than privileged communications or data that are related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants), the U.S. Government may, solely at its discretion and in accordance with DoD policy, elect to apply a privilege or other restriction on the U.S. Government's otherwise-authorized use or disclosure of such information.

(7) All of the above conditions apply regardless of whether the access or use of an information system includes the display of a Notice and Consent Banner according to the Chief Information Officer Memorandum (Reference (h)), (hereafter referred to as a "banner"). When a banner is used, the banner functions to remind the user of the conditions that are set forth in this User Agreement, regardless of whether the banner describes these conditions in full detail or provides a summary of such conditions, and regardless of whether the banner expressly references this User Agreement.

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 *(Last, first, middle initial)*	b. PARENT/GUARDIAN NAME *(Print)*
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 *(YYYYMMDD)*

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 *(YYYYMMDD)*

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: _____

DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS

PRIVACY ACT STATEMENT

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

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

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a. STUDENT SIGNATURE	b. DATE *(YYYYMMDD)*

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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: _____

DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS

PRIVACY ACT STATEMENT

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

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c. SCHOOL	d. TEACHER NAME/GRADE/SIGNATURE

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a. STUDENT SIGNATURE	b. DATE *(YYYYMMDD)*

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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: _____

Publicity Permission Form

Department of Defense Dependents Schools — Europe

Office of the Director, Public Affairs

Within the Department of Defense Dependents Schools - Europe, there are many opportunities to celebrate the achievements and activities of our districts, schools, students, staff and community members. The Information Age has provided additional mediums to publish our accomplishments, showcase our educational programs and services, and strengthen two-way communication among our publics. While television and print publications have been traditional ways of getting information to our publics, we now have the added benefit of the Internet.

With regard to the Internet, the DoDDS-E official website follows the goals, guidelines and policies for responsible and safe Internet publication practices set forth by the Deputy Secretary of Defense and the DoDEA Web Publishing Guide.

In order for DoDDS-E to include a student, staff member or community member in printed publications, television, multi-media or the Internet, permission is needed.

The following is provided for your review and signature

I give permission for my child's name, image, and/or student work products to be utilized in various media forms including: newsletters, DoDDS web sites (images only), DoDDS print and video productions, military community publications, military affiliated publications (Stars & Stripes), military affiliated electronic media (AFN/AFRTS), public media (local, host nation, U.S. national newspapers, magazines, television), and future types of media.

Please indicate whether you approve or disapprove for the children listed by signing below.

(1) _____ (2) _____

(3) _____ (4) _____

Printed names of students **Printed names of students**

APPROVE _____

Signature of child's parent/guardian

DISAPPROVE _____

Signature of child's parent/guardian

DATE _____

Today's date

This form is applicable for the duration of your child's attendance at an Isles school and will remain permanently in the student's file. You may review and update this form at any time.

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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