

Student's Name: _____



Heidelberg Complex Schools REGISTRATION CHECKLIST FOR PARENTS

School Year 2010-2011

Please double-check the following items below before returning your child's packet to the Registrar.

Does your packet include: *(Please write N/A if it does not apply to your child)*

- _____ A copy of Sponsor's Current Orders, Extension Orders, ERB/ORB
- _____ Birth Certificate/Passport for New Kindergartners and New 1st Graders (for age verification)
A child must be five years old by September 1 to enroll in kindergarten and six years old by September 1 to attend first grade.
- _____ DODEA Form 600 Student Registration (Section V, Medical Consent, #27, write "NONE" if applicable) and Parent's Signature
- _____ Sponsor's name, unit, duty address and duty phone number
- _____ Spouse's name, work address and phone number
- _____ CMR/APO mailing address
- _____ Local physical quarter's address and telephone number
- _____ Sponsor's and spouse's cell phone numbers
- _____ Two Local Emergency Contacts, address, and telephone number (listed on the Registration form)
- _____ Permanent Stateside Emergency Contact person, address, and telephone number
- _____ DoDEA Computer and Internet Access Agreement/Weapons/Prohibited Substance/
Anti-Bullying Policy
- _____ Registration Questionnaire for Race/Ethnicity and Home Language (for new, 6th & 9th graders)
- _____ ESL Home Language Questionnaire (for new students, 6th & 9th graders)
- _____ Publicity Permission Form (for new students, 6th & 9th graders)
- _____ Student Health History
- _____ Medical Power of Attorney
- _____ Authorization for Release of Information/Permission for Health Screenings
- _____ Request for Non-Disclosure of Information to Recruiters (optional) (for 11th & 12th graders)
- _____ Exceptional Student Background Information form
- _____ Adolescent/Teen Clinic Permission Form



Enrollment Eligibility Categories for DoD Contractors & Others

Identify the appropriate category and provide documents to support this as listed below

DoD Contractors <i>Space-Created, Tuition-Paying</i>		
Code	Description	Documentation Required
IHA	Dept of Army	A + (E or F)
IHB	Dept of Navy	A + (E or F)
IHC	U.S. Marine Corps	A + (E or F)
IHD	Dept of Air Force	A + (E or F)
IHE	U.S. Coast Guard	A + (E or F)
IHF	Def Commissary Agency	A + (E or F)
IHG	AAFES	A + (E or F)
IHH	Stars and Stripes	A + (E or F)
IHI	Def Audit Agency	A + (E or F)
IHJ	Def Contracting Agency	A + (E or F)
IHK	Def Finance and Accounting	A + (E or F)
IHL	Def Logistics Agency	A + (E or F)
IHM	Def Info Sys Agency	A + (E or F)
IHN	DoD Intel Agencies	A + (E or F)
IHO	DoDEA / DoDDS	A + (E or F)
IHP	Other	A + (E or F)

Others, Federally Connected <i>Space-Available, Tuition-Paying</i>		
Code	Description	Documentation Required
2AA	Other US Govt (non-DoD, i.e. State Dept, FBI, GAO, etc) (US civ with NATO or UN)	B or [C + (E or F)]
2CA	U.S. Interest (i.e. Red Cross, USO, Boy and Girl Scouts, university personnel, CommunityBank) (TDY from CONUS, and Reserves less than 180 days)	C + (E or F) D + (E or F)
2DA	Foreign Service (Foreign mil/civ serving with NATO, UN, etc.)	G + (E or F)

Others, Non-Federally Connected <i>Space-Available, Tuition-Paying</i>		
Code	Description	Documentation Required
4AA	US Citizen (employed by non-DoD contractors such as Siemens, Citibank, GM, etc.)	I + J
4CA	Other US (not included in other categories, to include retired US military personnel)	I + J
4DA	Other Foreign National	I + J + L

Allied Nations (Mons, Belgium only) <i>Space-Required, Tuition-Free</i>		
Code	Description	Documentation Required
IMA	Foreign mil members assigned to SHAPE	E + G + H + K

Partnership for Peace (PfP) and Newly Independent States (NIS) <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3PA	Foreign mil/civ PfP liaisons at NATO sites. Applicable to SHAPE, Naples, AFNORTH and Garmisch	E + G + H
3PB	Foreign mil/civ from NIS countries. Applicable to Ankara, Turkey only	E + G + H

Documentation Needed

- A. -In Germany, Italy, Portugal: Copy of the contractor's ID card (those in Germany and Italy should have a colored stripe).
In The Netherlands: Copy of the contractor's ID card or a copy of the approval letter from The Netherlands Law Center.
In Spain: copy of the contractor's ID card and the Designation Certificate they are issued.
In the UK: copy of the contractor's ID card and copy of their passport with Componency Stamp.
In Turkey: copy of the contractor's ID card and the Logistical Support Section of the contract showing DoDDS schools as part of their logistical support.
In Belgium: Contractors have no logistical support in Belgium to include DoDDS. Their status would be as a category 4 enrollment.
- B. -Sponsor's PCS orders listing family members. For US citizens assigned to NATO, documentation that identifies the sponsor as a US citizen serving with other Allied Forces. If documentation doesn't list family members, then "E" or "F" below is required to link the students to the sponsor.
- C. -DSE Form 802, Verification of US Civilian Employment.
- D. -CONUS based active duty military TDY orders. Reserve orders reflecting activation.
- E. -Documentation connecting the student to the sponsor as the sponsor's dependent. Primary document for this is the student's birth certificate reflecting the sponsor as one of the biological parents. If the child is biologically connected to the spouse only, then a copy of the marriage certificate and student's birth certificate are required. If birth certificates are not available we can use a copy of the student's ID card reflecting the sponsor by name on the card. Note that if neither parent is biologically connected to the student, enrollment is suspended pending receipt of In Loco Parentis documentation listed in "G" above and approval by the DoDDS-E Eligibility POC.
- F. **-In Loco Parentis Documentation**
With Court Orders: (1) Court order granting adoption, guardianship, custody or wardship. (2) DSE Form 801, ILP Affidavit for Court Orders. (3) DoDDS-E approval. *With Power of Attorney (PoA):* (1) PoA issued by one of the student's biological parents. (2) DSE Form 80, ILP Affidavit for PoA. (3) DoDDS-E approval. Please note that PoA enrollments are only good for 90 calendar days.
- G. -Documentation which identifies the sponsor as a foreign DoD member serving with the Allied Forces.
- H. -Approval of the position as PfP or NIS from the National Military Representative (NMR), or Allied Joint Force Command HQ Brunssum. Memo or US Embassy approval for Ankara NIS billets.
- I. -Sponsor's and student's Passport
- J. -Installation pass granting access from the local Installation Commander's Office.
- K. -USNMR/Base Commander validation.
- L. -Verification that there is no objection from the host nation regarding the enrollment. For Turkey, required proof the child is citizen of a country other than Turkey.

(NOTE: Kindergarten and 1st Grade minimum age requirements are validated with either DoD orders listing the birth date, or a birth certificate, or a passport.)

Enrollment Eligibility Categories for DoD Civilians

Identify the appropriate category and provide documents to support this as listed below

Residing with the Sponsor Overseas		
<i>Space-Required, Tuition-Free</i>		
Code	Description	Documentation Required
1FA	Dept of Army Civ	A or (A+B) or [C+(E or G)]
1FB	Dept of Navy Civ	A or (A+B) or [C+(E or G)]
1FC	U.S. Marine Corps Civ	A or (A+B) or [C+(E or G)]
1FD	Dept of Air Force Civ	A or (A+B) or [C+(E or G)]
1FE	U.S. Coast Guard Civ	A or (A+B) or [C+(E or G)]
1FF	Def Commissary Agency	A or (A+B) or [C+(E or G)]
1FG	AAFES	A or (A+B) or [C+(E or G)]
1FH	Stars and Stripes	A or (A+B) or [C+(E or G)]
1FI	Def Audit Agency	A or (A+B) or [C+(E or G)]
1FJ	Def Contracting Agency	A or (A+B) or [C+(E or G)]
1FK	Def Fin and Accounting	A or (A+B) or [C+(E or G)]
1FL	Def Logistics Agency	A or (A+B) or [C+(E or G)]
1FM	Def Info Sys Agency	A or (A+B) or [C+(E or G)]
1FN	DoD Intel Agencies	A or (A+B) or [C+(E or G)]
1FO	DoDEA / DoDDS	A or (A+B) or [C+(E or G)]
1FP	Other	A or (A+B) or [C+(E or G)]
1FQ	Def Sec Cooperation	A or (A+B) or [C+(E or G)]
1FR	Def Threat Reduction	A or (A+B) or [C+(E or G)]
1FS	OSD Missile Def Agency	A or (A+B) or [C+(E or G)]
1FT	Def POW/MIA Activity	A or (A+B) or [C+(E or G)]
1FV	Navy/Marines Exchange	A or (A+B) or [C+(E or G)]

Residing in Different Overseas Location		
<i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3FA	Dept of Army Civilian	A or [C+ (E or G)]
3FB	Dept of Navy Civilian	A or [C+ (E or G)]
3FC	U.S. Marine Corps Civilian	A or [C+ (E or G)]
3FD	Dept of Air Force Civilian	A or [C+ (E or G)]
3FE	U.S. Coast Guard Civilian	A or [C+ (E or G)]
3FF	Def Commissary Agency	A or [C+ (E or G)]
3FG	AAFES	A or [C+ (E or G)]
3FH	Stars and Stripes	A or [C+ (E or G)]
3FI	Def Audit Agency	A or [C+ (E or G)]
3FJ	Def Contracting Agency	A or [C+ (E or G)]
3FK	Def Finance and Accounting	A or [C+ (E or G)]
3FL	Def Logistics Agency	A or [C+ (E or G)]
3FM	Def Info Sys Agency	A or [C+ (E or G)]
3FN	DoD Intel Agencies	A or [C+ (E or G)]
3FO	DoDEA / DoDDS	A or [C+ (E or G)]
3FP	Other	A or [C+ (E or G)]
3FQ	Def Sec Cooperation	A or [C+ (E or G)]
3FR	Def Threat Reduction	A or [C+ (E or G)]
3FS	OSD Missile Def Agency	A or [C+ (E or G)]
3FT	Def POW/MIA Activity	A or [C+ (E or G)]
3FV	Navy/Marines Corps Exchange	A or [C+ (E or G)]

Security Assistance Program / Foreign Military Sales		
<i>Space-Required, Tuition-Paying</i>		
Code	Description	Documentation Required
1GA	Security Assistance Prg	A or (A+B) or [C+(E or G)]
1GB	Foreign Military Sales	A or (A+B) or [C+(E or G)]

Other DoD Civilian		
<i>Space-Available, Tuition-Paying</i>		
Code	Description	Documentation Required
2BA	Part-time APF or NAF	C + (E or G)
2CA	Civilian TDY from CONUS	D + (E or G)
<i>Space-Available, Tuition-Free</i>		
3GF	Civilian with Sec Def tuition waiver	D + (E or G)

Documentation Needed

- A. -Sponsor's PCS orders listing family members. (New DEROS validated with either memo from servicing HRO/CPO/CPAC/DSOPS, or DSE Form 802)
- B. -Designated Location Movement (DLM), Dependent Remain Overseas (DRO), or Renewal Agreement Travel (RAT) orders listing family members.
- C. -DSE Form 802, Verification of Civilian Employment (Required annually for all local hire civilians. Due within 48 hours of first day of enrollment but NOT BEFORE).
- D. -CONUS based civilian TDY orders.
- E. -Documentation connecting the student to the sponsor as the sponsor's dependent. Primary document for this is the student's birth certificate reflecting the sponsor as one of the biological parents. If the child is biologically connected to the spouse only, then a copy of the marriage certificate and student's birth certificate are required. If birth certificates are not available we can use a copy of the student's ID card reflecting the sponsor by name on the card. Note that if neither parent is biologically connected to the student, enrollment is suspended pending receipt of In Loco Parentis documentation listed in "G" above and approval by the DoDDS-E Eligibility POC.
- G. -In Loco Parentis Documentation (*All In Loco Parentis cases must be reviewed and approved by DoDDS-E Office of Enrollment and Eligibility*)
 - With Court Orders:* (1) Court order granting adoption, guardianship, custody or wardship. (2) DSE Form 801, ILP Affidavit for Court Orders. (3) DoDDS-E approval.
 - With Power of Attorney (PoA):* (1) PoA issued by one of the student's biological parents. (2) DSE Form 80, ILP Affidavit for PoA. (3) Installation pass. (4) DoDDS-E approval.
 Please note that PoA enrollments are only good for 90 calendar days. Enrollment beyond this time requires either court ordered custody, or proof from a court that the court has been petitioned for the change of custody. This proof must be a letter from the court that includes a future court date and a case/file/docket number assigned by the court. Such a document will allow for a continued provisional enrollment while awaiting the court's final decision.

(NOTE: Kindergarten and 1st Grade minimum age requirements are validated with either DoD orders listing the birth date, a birth certificate, or a passport.)

Enrollment Eligibility Categories for U.S. Military

Identify the appropriate category and provide documents to support this as listed below

Command Sponsored <i>Space-Required, Tuition-Free</i>		
Code	Description	Documentation Required
IAA	Army Active Duty	A or [A + (B or C or D)]
IAB	Army Reserves	A or [A + (B or C or D)]
IAC	Army Guard	A or [A + (B or C or D)]
IBA	Navy Active Duty	A or [A + (B or C or D)]
IBB	Navy Reserves	A or [A + (B or C or D)]
ICA	Marine Active Duty	A or [A + (B or C or D)]
ICB	Marine Reserves	A or [A + (B or C or D)]
IDA	Air Force Active Duty	A or [A + (B or C or D)]
IDB	Air Force Reserves	A or [A + (B or C or D)]
IDC	Air Force Guard	A or [A + (B or C or D)]
IEA	Coast Guard Active Duty	A or [A + (B or C or D)]
IEB	Coast Guard Reserves	A or [A + (B or C or D)]

Secretary of Defense Waivers for Military Sponsors <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3GA	Army	E
3GB	Navy	E
3GC	Marines	E
3GD	Air Force	E
3GE	Coast Guard	E

Documentation Needed

- A. -Sponsor's PCS orders listing family members. Cannot use Page 2 of Navy orders, but can use Page 13 or DSE Form 803 to verify command sponsored Navy dependents. (New DEROS validated with memo from Mil Pers Office, Enl/Off Record Brief, Virtual Pers Data Sheet, DSE 803)
- B. -Designated Location Movement (DLM) or Dependent Remain Overseas (DRO) orders listing family members.
- C. -DSE Form 803, Confirmation of Military Overseas Status, validated by the Installation Military Personnel Office or Unit/Rear Detachment Commanding Officer.
- D. -Approved Command Sponsorship listing student(s), issued by the Installation Military Personnel Office.
- E. -Death of Sponsor: Death certificate and/or documentation showing sponsor died while entitled to active duty pay or compensation. Student must be enrolled within 1 year of sponsor's death or, if dependent is below school age when sponsor dies, within 1 year of the dependent becoming eligible to enroll. Other Secretary of Defense Waivers granted to groups of students if applicable.
- F. -Reserve or National Guard orders reflecting activation. If active duty, CONUS based active duty military TDY orders.
- G. -Documentation connecting the student to the sponsor as the sponsor's dependent. Primary document for this is the student's birth certificate reflecting the sponsor as one of the biological parents. If the child is biologically connected to the spouse only, then a copy of the marriage certificate and student's birth certificate are required. If birth certificates are not available we can use a copy of the student's ID card reflecting the sponsor by name on the card. Note that if neither parent is biologically connected to the student, enrollment is suspended pending receipt of In Loco Parentis documentation listed in "G" above and approval by the DoDDS-E Eligibility POC.
- H. -In Loco Parentis Documentation (*All In Loco Parentis cases must be reviewed and approved by DoDDS-E Office of Enrollment and Eligibility*)
 - With Court Orders:* (1) Court order granting adoption, guardianship, custody or wardship. (2) DSE Form 801, ILP Affidavit for Court Orders. (3) DoDDS-E approval.
 - With Power of Attorney (PoA):* (1) PoA issued by one of the student's biological parents. (2) DSE Form 80, ILP Affidavit for PoA. (3) Installation pass. (4) DoDDS-E approval. Please note that PoA enrollments are only good for 90 calendar days. Enrollment beyond this time requires either court ordered custody, or proof from a court that the court has been petitioned for the change of custody. This proof must be a letter from the court that includes a future court date and a case/file/docket number assigned by the court. Such a document will allow for a continued provisional enrollment while awaiting the court's final decision.

For CONUS Based Deployments in Support of Operation Iraqi Freedom or Enduring Freedom (OIF/OEF): Applies to CONUS based single parents, and dual military deployments in support of OIF/OEF. Documentation required is: (1) Memorandum from Unit Commander or first 0-6 in the chain of command requesting exception to policy for enrollment of the deployed's family members. (2) Deployment orders reflecting the number of days deployed (can also be included in the exception to policy memo). (3) Portion of the Family Care Plan reflecting a person who resides in an overseas location as the Family Care Provider (FCP). (4) PoA granting the FCP the right to act on behalf of the deployed sponsor(s) when an emergency arises at the school. (5) DoDDS-E Eligibility POC approval prior to enrollment.

(NOTE: Kindergarten and 1st Grade minimum age requirements are validated with either DoD orders listing the birth date, or a birth certificate, or a passport.)

Non-Command Sponsored, or Residing in a Different Overseas Location (active duty only) <i>Space-Available, Tuition-Free</i>		
Code	Description	Documentation Required
3AA	Army Active Duty	A + (G or H)
3AB	Army Reserves (180 Days or more)	F + (G or H)
3AC	Army Guard (180 Days or more)	F + (G or H)
3BA	Navy Active Duty	A + (G or H)
3BB	Navy Reserves (180 Days or more)	F + (G or H)
3CA	Marine Active Duty	A + (G or H)
3CB	Marine Reserves (180 Days or more)	F + (G or H)
3DA	Air Force Active Duty	A + (G or H)
3DB	Air Force Reserves (180 Days or more)	F + (G or H)
3DC	Air Force Guard (180 Days or more)	F + (G or H)
3EA	Coast Guard Active Duty	A + (G or H)
3EB	Coast Guard Reserves (180 Days or more)	F + (G or H)

Other U.S. Military		
Code	Description	Documentation Required
<i>Space-Required, Tuition-Paying</i>		
1GA	Security Assistance Program	A or [A + (B or C or D)]
1GB	Foreign Military Sales	A or [A + (B or C or D)]
<i>Space-Available, Tuition-Paying</i>		
Reserve/Guard Activated		
2CA	Less Than 179 Days	(C or F) + (G or H)]
CONUS Based Active		
2CA	Duty TDY Overseas	(C or F) + (G or H)]

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	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission <div style="text-align: center;">Y N</div>	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed? <div style="text-align: center;">Y N</div>	n. Computer/Internet Permission? <div style="text-align: center;">Y N</div>	o. Entry /Status Code
p. Student Email Address	q. Previous DoDEA Student? <div style="text-align: center;">Y N</div>	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 Quarter 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	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)		27. Local Use	

SECTION IV - PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION

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

SECTION V - CONSENT AND SCHOOL USE INFORMATION

<p>I understand that I have the right to review my child(ren)'s record 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. DoDDAC	
	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	

Department of Defense Agency

Department of the Army Civilian	Defense Finance and Accounting Service
Department of the Navy Civilian	Defense Systems Information Agency
U.S. Marines Civilian	DoD Intelligence Agencies
Department of the Air Force Civilian	DoDEA/DoDDS
U.S. Coast Guard Civilian	Defense Security Cooperation Agency
Defense Commissary Agency	Defense Threat Reduction Agency
AAFES	OSD Missile Defense Agency
NEX	Defense POW/MIA Activity
Stars and Stripes	Security Assistance Program
Defense Audit Agency	Foreign Military Sales
Defense Contracting Agency	Defense Logistics Agency

If there is a DoD agency not listed please contact the Enrollment and Eligibility Office in DoDDS-Europe at DSN 338-7613 or German civilian 49(0)611-380-7613, or via email: DoDDS-E.Eligibility@eu.dodea.edu

1H Enrollment Acknowledgement

This sheet is to be signed by all US DoD contractors seeking enrollment in DoD schools under Category 1H, US Contractors, Tuition Paying. The signed sheet is to be filed with the student's registration information.

I am aware of the 1H enrollment guidelines and procedures and will inform the school should there be any changes in the status of my DoD contract.

Contractor Name (printed)

Contractor Signature

Date

Student(s) Name (Printed)

DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS

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

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.

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)

Weapons/Prohibited Substances/Anti-Bullying Policy

Student Name (PRINT CLEARLY)

Grade

Weapons: Students shall not transport, exchange, carry on their person, nor cause to be stored, objects that are generally considered to be weapons. These include, but are not limited to firearms, knives, club type weapons (for example, blackjacks, brass knuckles, nunchaku), gas pistols and shooting pens, straight razors, razor blades, Exacto knives, ice picks, clubs, or any object that may be used as a club to inflict bodily harm (for example, pieces of wood or pipe, stones, or bricks). Also banned is any object that might be used readily to inflict bodily harm on self or others (for example, chains, canes with sharp points, broken bottles or glasses, spiked leather, lighters or laser pointers). Authentic appearing replicas of a firearm are classified as weapons (for example, toy guns). Possession of weapons by students while on school property (to include while riding to or from school or school events on school buses) or in attendance at a school function, or whenever under the jurisdiction of the school, is grounds for expulsion and referral to law enforcement agencies.

Possession, Sale and/or Use of Alcoholic Beverages, Narcotics, Illegal Drugs and/or Prohibited Substances: Notice is hereby given that possession, use, or sale of controlled (prescription) or mind altering (illegal) substances by any student while the student is on school property (to include while riding to or from school on school buses or at bus stops) or in attendance at a school sponsored function or whenever under the jurisdiction of the school, is grounds for expulsion. Student possession of or being under the influence of alcoholic beverages, and/or hallucinogenic drugs or combinations of drugs or paraphernalia expressly prohibited by federal, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances, illegal substances, or counterfeit in any respect illegal or controlled substances shall be grounds for expulsion and referral to law enforcement agencies. Prescription medication is not to be transferred to another. Over-the-counter medications are not to be transferred to another or used without parental and nurse knowledge. Students should have no more than one dose and the nurse has been informed of the presence of that dose.

Sexual Harassment Policy: Sexual harassment will not be tolerated. Any student who sexually harasses another student will be counseled and/or disciplined. Heidelberg Complex Schools use the following definition: sexual harassment is any unwanted and unwelcome sexual behavior, which interferes with a person's education or employment. It can include sexual comments, sexual advances, sexual notes (written or electronic), or sexual contact. Any student who is being sexually harassed should notify a teacher, a counselor or an administrator. Offenders will be counseled once, and then disciplinary action will be taken until the harassment stops.

Bullying/Harassment/Relational Aggression Policy: Bullying, Harassment, and Relational Aggression will not be tolerated at Heidelberg Complex Schools. Any student who bullies or harasses another student will be counseled and/or disciplined. Heidelberg Complex Schools use the following definition: a student is being bullied or victimized when he or she is exposed to negative actions on the part of one or more students. Negative actions can be verbal, non-verbal, or physical. Additionally, cyber-aggression, which is bullying via computer means, will not be tolerated. Bullying is aggressive behavior or intentional "harm-doing." It occurs within an interpersonal relationship and is characterized by an imbalance of power. Students are instructed to notify an adult if their efforts to stop bullying are ineffective. School personnel will intervene on behalf of students and parents in an effort to stop the negative actions that are occurring at school.

I am aware of the zero-tolerance policies listed above.

(Students will be trained in the fall and required to sign.)

Parent Signature _____

Date _____



DoDDS
Department of Defense
Dependents Schools



Heidelberg High School
Guidance Office
Unit 29237
APO AE 09102

Exceptional Student Background Information

Student's Name: _____ Grade _____
Last First MI

Has your son/daughter ever received any "special" or additional assistance?

YES _____ NO _____

If so, please check the appropriate areas in which assistance was received:

- | | | |
|---|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Speech | <input type="checkbox"/> Gifted/Talented |
| <input type="checkbox"/> English | <input type="checkbox"/> Hearing | (Please specify) |
| <input type="checkbox"/> Math | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Counseling | (Please specify) |
| <input type="checkbox"/> Science | <input type="checkbox"/> Special Ed/
Resource Room | |

Please complete the reverse side of this form if you have checked one of these boxes below.

- English as a Second Language (ESL)
 The student's first language is not English.

Has your son/daughter ever been eligible for an Individual Education Plan: (I.E.P.) ?

Yes _____ No _____

If yes, is this I.E.P. currently in effect?

Yes _____ No _____

Parent's Signature: _____ Date: _____

Duty Phone: _____ Home Phone: _____

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 by signing below.

APPROVE _____
Printed name of student _____ 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 this school and will remain permanently in the student's file. You may review and update this form at any time

**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(t), 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>.

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

**Access to Student Information by Military Recruiters
SY 2010-2011**

Based upon DoD Instruction 1304.24, "Use of Directory Information on Secondary School Students for Military Recruiting Purposes", and DoDEA Systems Notice 26, schools are required to provide armed forces recruiters access to students and student recruiting information. Upon request by military recruiters or an institution of higher education, DoDEA officials must provide high school students' names, addresses, and telephone listings unless a high school student or the parent of the student requests that this information not be released by completing the form below.

**Request For Non Disclosure Of High School Student Personal Information
To Military Recruiters or Institutions of Higher Education**

Student's name: _____ School's name: _____

I object to the release of the name, address, or telephone number of _____
[print first and last names of student]

to military recruiters or Institutions of Higher Education during this school year.

I understand that once this form has been signed by either the student or a parent, only a parent may change it. I also understand that if I want to change it, the parent must notify the principal in writing that the form is no longer in effect and that student information may be released.

Signature of Student or Parent: _____ Date: _____

Printed name of signing student or parent: _____

For your convenience, the HMS nurse will share information with the CYS nurse and USAMH only at your request. Please complete this form if you would like the HMS to provide information indicated below so that you do not have to come to the school to request a copy of documents in person during the school year (i.e. physical forms, immunization, asthma care plan, Epi-Pen care plan, seizure action plan)



**DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS**

**Unit 29237
APO AE 09102**

**AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION
PART I**

Patient Name _____
(Student name)

I, _____ authorize _____
(Sponsor's name)

to release the following medical information to:

Child and Youth Services

USA MEDDAC Heidelberg

Please initial appropriate box:

- | | |
|---|---|
| _____ Physical Form | _____ Asthma Care Plan (if applicable) |
| _____ Medication Permission Form | _____ Diabetic Care Plan (if applicable) |
| _____ Immunization Information | _____ Seizure Action Plan (if applicable) |
| _____ Epi-Pen Care Plan (if applicable) | |

This release is effective for three year(s) from the date of execution; however I may revoke it at any time by providing notice in writing to the above named party.

Parent/Legal Guardian of Patient

Date

**Permission for Health Screenings
PART II**

I give permission for my child, _____, to receive the following
Child's name
health screenings in the health office at _____

- | | |
|---------------------|--|
| ● Hearing screening | ● Scoliosis screening (curvature of the spine) |
| ● Vision screening | ● Blood pressure |

The screenings help identify possible health problems but should not replace annual medical examinations with a physician.

Parent/Sponsor signature

Date

**Heidelberg Schools
School Year 2010-2011
MEDICAL POWER OF ATTORNEY**

In the event that my dependent (NAME) _____ DOB _____, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision of or while participating in, any activities sponsored by a Heidelberg School, I authorize and release to any agent or employee of Heidelberg Schools to take my dependent to any U.S. military facility or any civilian hospital if deemed necessary by the above referenced individual.

I understand that the above named personnel of Heidelberg Schools will use all diligent and reasonable efforts to contact my spouse or me. If Heidelberg School personnel of a or the U.S. treatment facility can not contact either my spouse nor me after reasonable attempts, I authorize and release any physician or other qualified medical personnel to examine my child. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger to life or limb of my dependent. I further authorize non-emergency care and necessary treatment such as suturing superficial lacerations; treating colds, minor allergies, and minor gastro-intestinal upsets; splinting sprains; casting uncomplicated fractures; or other similar treatments.

MEDICAL INFORMATION ABOUT THE ABOVE NAMED DEPENDENT (to be completed by parent/guardian) for the purpose of sharing information with teachers and health care personnel on a need- to-know basis).

My dependent has the following medical problem (s) (such as glasses, diabetes, seizures, asthma, heart, ADHD, or kidney disease):

My dependent is allergic to the following: _____

-Inhalers and Epi-PEN's must have orders from MD

My dependent takes the following medications on a regular and/or "as needed" basis (list name, amount, and purpose of each):

My dependent will be taking medication at school NO YES List medications _____

(NOTE: Medication permission form MUST be filled out and signed by prescribing medical doctor and parent annually)

My dependent had Chicken pox ~Date _____ OR Varicella vaccine~ Date _____ How many vaccines? 1 2

(2 vaccines are indicated for CDC & Heidelberg Med. Clinic)

PARENT/ EMERGENCY CONTACT INFORMATION (to be completed by parent)

Sponsor's name: _____ Home phone #: _____

Sponsor's unit: _____ Rank: _____

Sponsor's Work Phone # _____ Cell phone #: _____

Sponsor's home address: _____

Sponsor's mailing address: _____

Spouse's name: _____ Work phone #: _____

Cell phone #2: _____

Insurance Carrier: TRICARE Other _____

EMERGENCY CONTACT INFORMATION: To use in case of emergency if parents/guardians are unavailable:

Contact Name (other than spouse): _____ Home phone # _____

Cell # _____ Work Phone # _____

Additional comments: _____

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

Signature of Parent/Guardian _____ Date _____

Sponsor's Social Security Number _____ - _____ - _____ Civilian "Pay Patient"? Yes _____ No _____

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

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY 2010-2011**

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

Student # _____	STUDENT'S NAME (Print) LAST FIRST MI	CHECK ✓ Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth: ____/____/____ mo day yr
-----------------	---	---	---

HEALTH HISTORY

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

CONTINUE ON REVERSE SIDE

STUDENT HEALTH HISTORY - CONTINUED

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

MEDICATION AND HOSPITALIZATION

<p>DOES YOUR CHILD NEED TO TAKE DAILY MEDICATIONS AT SCHOOL?</p> <p>A medication during school hour's 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.</p> <p>SPECIFY ALL CURRENT MEDICATIONS (to include medications taken at home):</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments
<p>HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason: Date: _____ Length of Hospitalization _____ SPECIFY REASON: mo/day/yr.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments

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

(PLEASE PRINT)

PRIVACY ACT NOTICE

AUTHORITY: Title x, Section 133 7 1076, Title V, Section 301. PRINCIPAL PURPOSE: To record pertinent data concerning student's health.
 ROUTINE USES: Data is collected and entered into the automated Health Office Management System for use by professional health and education agencies.
 MANDATORY VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.

Parent/Sponsor's Signature: _____ Date: _____

Department of the Army
U.S. Army MEDDAC, Heidelberg
CMR 442 APO, AE 09042-0130

I consent for the medical staff of the Adolescent Clinic to see/treat my child or legal ward,
_____ / _____ for the following:

(CHILD'S NAME) (DATE OF BIRTH)

1. YES NO Routine school or sports physicals
2. YES NO Minor illnesses, such as stomachaches, earaches, headaches, and colds
3. YES NO Chronic ongoing problems (such as diabetes, asthma, and learning disabilities etc)
4. YES NO Routine laboratory testing
5. YES NO Routine immunizations (such as measles, mumps, polio, flu, tetanus/diphtheria, hepatitis B, and typhoid) and testing for tuberculosis (TB)
6. YES NO Counseling for emotional problems

If your child is under 15 years of age, please complete items (7) and (8).

7. YES NO Counseling regarding reproductive health and sexual activity, provide contraceptive-related services to include counseling, medication, devices, and treatment of sexually transmitted diseases.
8. YES NO Counseling/treatment regarding alcohol, tobacco and other drugs

Please note that children aged 15 years of age or older are eligible to receive confidential care to include items (7) and (8) if they specifically request it. Provisions of confidential care for children aged 15-17 is described by AR 40-66, section 2-5.

If my child is seen in the Teen Clinic and I am not present, I understand that the information from those visits may not be routinely discussed with me. However, for non-confidential care I may request information regarding the visits by contacting the Pediatric Clinic, HDB, or by accessing my child's medical record through the Patient Administration Division, Heidelberg MEDDAC.

FOR **"PAY PATIENT"** SPONSORS (DA CIVILIANS OR DODD CONTRACTORS/ EMPLOYEES): I understand that I am responsible for charges for medical services provided for my child. Patients are not charged for confidential care, annual physical exams, or immunizations. Charges (if applicable) will be assessed in accordance with AR 40-3.
PAY PATIENT (circle one): YES NO

(Please Print)

NAME (RANK IF APPLICABLE) _____ SPONSOR SSN: _____

DEROS: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ PHONE: _____

SPONSOR SIGNATURE: _____ DATE: _____

REVIEWED: _____ DATE: _____

This consent is in effect for the school year indicated: 2010-2011

UPDATED MARCH 2005

PRIVACY ACT STATEMENT ON BACK OF THIS FORM

FOR "PAY PATIENT" SPONSORS (DA CIVILIANS OR DOD CONTRACTORS/EMPLOYEES):
I understand that I am responsible for charges for medical services provided to my child. Charges (if applicable) will be assessed in accordance with AR 40-3.

1. Authority for collection of information including social security number (SSN):

Sections 133, 1071-87, 3012, 503J, and 8012, title 10, United States Code and Executive Order 9397.

2. Principle purposes for which information is intend to be used:

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your child's health care at the Adolescent/Heidelberg Middle School Clinic. The Social Security Number (SSN) of member/sponsor is required to identify and retrieve health care records.

3. Routine uses.

The primary use of this information is to provide, plan, and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical condition required by law to federal, state, and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigation; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of the official duties.

4. Whether disclosure is mandatory or voluntary and effect on individual of not providing information:

The requested information is voluntary. If the requested information is not furnished, non-emergency medical services will not be furnished by Adolescent/Heidelberg Middle School Clinic.

This all-inclusive Privacy Act Statement will apply to all requests for personal information is not furnished, non-emergency medical/dental treatment purposes and will become a permanent part of your child's health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY IMMUNIZATION REQUIREMENTS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, 126, 2164 and 20 U.S.C. 921-932; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

PRINCIPAL PURPOSE: The information may be used within the Department of Defense (DoD) to determine what immunizations have been administered for purposes of determining enrollment eligibility and for use in preserving school health.

ROUTINES USE(S): The Department of Defense Education Activity (DoDEA) may release information without prior consent with the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a(b). In addition, in accordance with 5 U.S.C. 552a(b)(3), information contained therein may be disclosed outside the DoD as a routine use pursuant to "Blanket Routine Uses," as published at <http://www.defenselink.mil/privacy/notice/osd>, for example, 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.

Students who enroll in DoDEA schools MUST meet specific immunization requirements. These requirements, displayed below, represent the minimum requirement and do not necessarily reflect the optimal immunization status for a student. This copy of the DoDEA Immunization Requirements is provided to parents for informational purposes. This form does not need to be completed by medical authority. However, some type of medical proof of immunization must be completed by medical authority and provided to school officials at the time of initial registration. This form may be used by medical officials if so desired. If this form is used by medical officials, page 4 must be completed.

STUDENT: _____ **Date of Birth (MM/DD/YY):** _____

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	<u>MINIMUM</u> DoD REQUIREMENTS *
Diphtheria, Tetanus, Pertussis e.g., DTP, DtaP, DTwP, DT, DtaP-Hib, DtaP-HepB-IPV, Tdap, Td	#1			Four (4) doses. At least one dose must be administered after the 4 th birthday. *ACIP Recommendation: <ul style="list-style-type: none"> • The usual schedule is a primary series of 4 doses at 2m, 4m, 6m, and 15-18m of age. • If the fourth dose of DT, DTP or DTaP is administered before the fourth birthday, a booster (fifth) dose is recommended at 4–6 years of age (5^a). Td or Tdap booster doses: A single Tdap booster dose is recommended for children 11-12 years old, if 5 years elapsed since the last dose; then boost every 10 years with Td (5 ^b).
	#2			
	#3			
	#4			
	#5 ^a			
	#5 ^b			
Hepatitis A e.g., HepA	#1			Two (2) doses. ACIP Recommendation: <ul style="list-style-type: none"> • HepA is recommended for all children at 1 year of age. • The two doses in the series should be administered at least 6 months apart.
	#2			

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
IMMUNIZATION REQUIREMENTS**

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	<u>MINIMUM</u> DoD REQUIREMENTS *
Hepatitis B e.g., HepB, Hib-HepB, DTaP-HepB-IPV	#1			<p>Three (3) doses.</p> <p>ACIP Recommendation:</p> <ul style="list-style-type: none"> The standard schedule is 0, 1 and 6 months. The first dose is recommended shortly after birth, with the second dose administered at age 1 to 2 months. The third dose should be administered at age \geq 24 weeks. Merck's Recombivax-HB brand of HepB vaccine can be given as a 2-dose series for adolescents 11 to 15 years of age. <p>Catch-up schedule:</p> <ul style="list-style-type: none"> 3-dose series may be started at any age. Minimum spacing for children and teens: 4 weeks between dose 1 and dose 2, and 8 weeks between dose 2 and dose 3.
	#2			
	#3			
Haemophilus influenzae type b e.g., Hib, Hib-HepB, DtaP-Hib	#1			<p>Two (2) to four (4) doses.</p> <p>ACIP Recommendation:</p> <ul style="list-style-type: none"> Primary immunization occurs at 2m, 4m, 6m, and 12m to 15m (booster dose). For Merck's PedvaxHIB brand of Hib vaccine, 3 doses are needed (2, 4, and 12-15m). <p>Catch-up schedule:</p> <ul style="list-style-type: none"> If dose 1 is given at 12-14m, give a booster dose 8 weeks later. Unvaccinated children from the ages of 15m up to 5 years need only 1 dose. <p style="text-align: center;">Hib is not routinely given to children 5 years old and older.</p>
	#2			
	#3			
	#4			
Polio e.g., IPV, DTaP-HepB-IPV Note: Oral Polio Vaccine (OPV) counts for immunization requirements, but is no longer distributed in the U.S.	#1			<p>Three (3) doses. At least one dose must be administered after the 4th birthday.</p> <p>ACIP Recommendation:</p> <ul style="list-style-type: none"> Usual schedule is a primary series of 4 doses at 2m, 4m, 6-18m, and 4-6 years of age. All doses should be separated by at least 4 weeks. If dose 3 is given after the 4th birthday, dose 4 is not needed.
	#2			
	#3			
	#4			
Meningococcal				<p>ACIP Recommendation:</p> <ul style="list-style-type: none"> Meningococcal vaccine (MCV4). Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11–12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Vaccination against invasive meningococcal disease is recommended for children and adolescents aged \geq 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see <i>MMWR</i> 2005;54 [RR-7]:1-21); use MPSV4 for children aged 2–10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
IMMUNIZATION REQUIREMENTS**

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	<u>MINIMUM DoD REQUIREMENTS</u> *
Measles, Mumps, Rubella e.g., MMR, MMRV	#1			Two (2) doses. ACIP Recommendation: <ul style="list-style-type: none"> • Dose 1 is given at 12-15m of age. • Dose 2 is recommended routinely at age 4-6 years, but may be administered at any visit if 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. • Those who have not previously received the second dose should complete the schedule by age 11-12 years.
	#2			
PPD TB tine/monovac	Date of last test:	No Vaccination Required	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative _____ mm induration	Tuberculosis (TB) testing recommended. Frequency determined by local medical command. If positive , date of chest X-ray: ____/____/____ Chest X-ray Results: _____ Date isoniazid (INH) treatment started: ____/____/____ Date INH treatment completed: ____/____/____
Varicella e.g. Var, MMRV	#1			ACIP Recommendation: <ul style="list-style-type: none"> • Immunize all children age 1 year and older, including adolescents who have not had chickenpox. • Susceptible children age 1 year and older receive 1 dose. • Susceptible people age 13 and older should receive two (2) doses at least 4 to 8 weeks apart. ▶ Immunization is NOT required in people with a history of natural disease (chickenpox).
	#2			
	History of naturally acquired chickenpox		Date:	
Notes * Advisory Committee on Immunization Practices (ACIP). ^a The fifth dose is not required if the fourth dose was given on or after the fourth birthday. ^b Second dose required only in susceptible people 13 years old or older. * The standard and catch-up pediatric and adolescent immunization schedules adopted by the CDC are posted at www.dcd.gov/nip/recs/child-schedule-color-print.pdf and www.cdc.gov/nip/recs/adult-schedule.pdf .				

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
CERTIFICATE OF IMMUNIZATION**

STUDENT: _____ **Date of Birth (MM/DD/YY):** _____

Immunization records for the student named above have been reviewed at _____
Location of Clinic

I certify that the minimum immunization requirements have been completed and/or initiated.

Immunizations are current until _____ **when immunization(s) is/are due.**

Signature and Stamp of Medical Authority **Date**

A request for an immunization waiver for **medical** reasons must be supported by official documents from a medical authority and provided to the school at the time of registration.
I certify that the minimum immunization requirements have been waived.

Immunization(s): _____ **Reason:** _____

Waiver Duration: _____
Signature and Stamp of Medical Authority **Date**