

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
STUDENT REGISTRATION**

**INSTRUCTIONS** 1. Completed by Sponsor  
2. Print (Ink) or type all entries.  
3. Leave shaded areas blank.  
4. See supplemental sheet for assistance.

PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 2164, 20 USC 921

**PRINCIPAL PURPOSE(S):** Required for enrollment of dependents into DoDEA Schools. Provides record of student and sponsor demographic data used in the administration of school programs. Provides emergency contact, pertinent medical and other vital information.

**ROUTINE USE(S):** Data is collected and entered into the automated School Information Management System for use by DoDEA personnel in providing educational and management programs. Release of student information to non-DoDEA personnel is restricted to U.S. Government personnel and other authorized individuals as approved by DoDEA. Sponsor information may be released to other schools, colleges, and prospective employers as part of the individual student record.

**DISCLOSURE:** Voluntary. Disclosure of the Social Security Number will expedite the registration process.

**SECTION I – STUDENT INFORMATION**

1a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender <input type="radio"/> M <input type="radio"/> F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission <input type="radio"/> Y <input type="radio"/> N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed <input type="radio"/> Y <input type="radio"/> N	n. Computer/Internet Permission <input type="radio"/> Y <input type="radio"/> N	o. Entry / Status Code
p. Student Email Address	q. Previous DoDEA Student ? <input type="radio"/> Y <input type="radio"/> N		r. Local Use

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

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

**SECTION II – SPONSOR INFORMATION**

4. Sponsor's Name (Last, First, Middle Initial)		5. Sponsor SSN/Unique ID	6. Pay/Civ Grade	7. Title / Rank
8. Organization		9. Location of Unit	10. Duty Phone	11. Rotation / ETS Date
12. Spouse's Name (Last, First, Middle Initial)		13. Spouse's Title	14. Spouse's Employer	15. Spouse's Duty Ph.
16. Mailing Address (e.g. APO/FPO) (If different from Physical)		17. Physical Quarters Address (Street, City, State, Zip Code)		
18. Sponsor Cell Phone	19. Spouse Cell Phone	20. Email Address		
21. Pager Number	22. Reserved	23. Local Use		

**SECTION III – LOCAL EMERGENCY CONTACT INFORMATION**

24a. Emergency Contact Name (Not Sponsor or Spouse)		24b. Contact Duty Phone	24c. Contact Home Phone
24d. Emergency Contact Address (During Day)		24e. Doctor's Name (If not Military Clinic)	24f. Doctor's Phone Number
25a. Emergency Contact 2 Name (Optional)		25b. Contact 2 Duty Phone (Optional)	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)		25e. Local Use	

**SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION**

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

**SECTION V – CONSENT and SCHOOL USE INFORMATION**

<p>I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.</p> <p>I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below.</p> <p>I verify the information is correct or has been corrected.</p>		34. First Day Student Starts School (MMMDDYYYY)	35. DoDAAC
		36. School Name	
27. Exceptions (If none, enter NONE)		37. Orders on File / Verified	Y      N
		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	

# 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
1AA	Army Active Duty	A or [A + (B or C or D)]
1AB	Army Reserves	A or [A + (B or C or D)]
1AC	Army Guard	A or [A + (B or C or D)]
1BA	Navy Active Duty	A or [A + (B or C or D)]
1BB	Navy Reserves	A or [A + (B or C or D)]
1CA	Marine Active Duty	A or [A + (B or C or D)]
1CB	Marine Reserves	A or [A + (B or C or D)]
1DA	Air Force Active Duty	A or [A + (B or C or D)]
1DB	Air Force Reserves	A or [A + (B or C or D)]
1DC	Air Force Guard	A or [A + (B or C or D)]
1EA	Coast Guard Active Duty	A or [A + (B or C or D)]
1EB	Coast Guard Reserves	A or [A + (B or C or D)]

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)+I
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)+I
3BB	Navy Reserves (180 Days or more)	F + (G or H)
3CA	Marine Active Duty	A + (G or H)+I
3CB	Marine Reserves (180 Days or more)	F + (G or H)
3DA	Air Force Active Duty	A + (G or H)+I
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)+I
3EB	Coast Guard Reserves (180 Days or more)	F + (G or H)

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

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)]

## 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 Personnel Data Sheet, Personnel Online Listing, 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. Also need copy of surviving spouses passport as this waiver is only applicable to foreign spouses wishing to enroll children in DoDDS within their country of citizenship. 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 "H" below and approval by the DoDDS-E Eligibility POC.
- H. -In Loco Parentis Documentation. Sponsor needs to provide school with the DoDEA Form 1003, ILP Declaration Form. (*All In Loco Parentis cases must be reviewed and approved by DoDDS-E Office of Enrollment and Eligibility.*)  
*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.
- I. -If needed, a memo from the sponsor confirming and agreeing to the use of his/her DoDDS eligibility entitlement, by the family, while in another overseas location.

(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.)

# GRADESPEED PARENT CONNECTION

Parent/Guardian:

_____	_____	_____
FNAME	MI	LNAME
_____		
Email Address		

Children attending the Middle or High School:

_____
_____
_____
_____

The directions about setting up your account(s) will be emailed to you. Once you have setup your account it will show as "Pending". The information will be verify and approve (this is only a security check to verify account holder and student match). Once approved, you will be able to access and view your child's grades and assignments.

Thank You,

Don Williford  
Education Technologist (ET)

# 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)

\_\_\_\_\_ **A – 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.

\_\_\_\_\_ **B – 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.

\_\_\_\_\_ **C – Black or African American.** A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **E – White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ **F – 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 SURVEY (Yes or No, and Mark Language)

Does an adult in the household speak a language other than English at home?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child you are registering speak a language other than English at home?

\_\_\_\_\_ Yes \_\_\_\_\_ No

What was the first language your child learned?

\_\_\_\_\_ English (E) \_\_\_\_\_ Another Language (A) \_\_\_\_\_ Both English and Another Language (B)

Language(s) Learned: \_\_\_\_\_

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

ESL Home Language Questionnaire

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

THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT

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

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

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

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

1. What language is commonly spoken in your home?  
 English     Another Language (Please specify): \_\_\_\_\_
2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)  
 No     Yes    If yes: What language is spoken? \_\_\_\_\_
3. What language did your child use when he/she first began to talk?  
 English     Another Language (Please specify): \_\_\_\_\_
4. Has your child attended English speaking schools?  
 No     Yes    If yes: How many years? \_\_\_\_\_
5. What language does your child read and/or write?  
 English     Another Language (Please specify): \_\_\_\_\_
6. What language do you most often use when speaking with your child?  
 English     Another Language (Please specify): \_\_\_\_\_
7. What language does your child use most often when speaking to you?  
 English     Another Language (Please specify): \_\_\_\_\_
8. If your child is cared for by another person on a regular basis, what language is most often used?  
 English     Another Language (Please specify): \_\_\_\_\_
9. Do you as a parent need to communicate with the school in a language other than English?  
 No     Yes    If yes, in what language? \_\_\_\_\_

Continued on the next page

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

If based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.

**AND**

2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**To be completed by ESL Teacher:**

**Recommendation:**

\_\_\_\_ Proficiency Testing

\_\_\_\_ Records Review

\_\_\_\_ No ESL Services Required

Signature of ESL Teacher: \_\_\_\_\_

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

**Distribution: Original to Student's Cumulative File, Copy to ESL Teacher**

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS  
BAVARIA DISTRICT  
STUDENT SPECIAL EDUCATION NEEDS REVIEW

STUDENT'S NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ ENROLLMENT CODE: \_\_\_\_\_

The administration and staff are committed to meeting the needs of every student. To assist us in meeting this pledge, we would like to know as early as possible any area(s) of special education needs that we should address. All responses will be held in the strictest confidence.

\_\_\_\_\_ NO My son/daughter does not require special education services.

\_\_\_\_\_ YES My son/daughter does require special education services. (Please complete 1 or 2 below)

1. My son/daughter has been evaluated for the following:

- |                           |                               |                                |
|---------------------------|-------------------------------|--------------------------------|
| _____ Learning Impaired   | _____ Emotionally Impaired    | _____ Hearing Impaired         |
| _____ Physically Impaired | _____ Intellectually Impaired | _____ Visually Impaired        |
| _____ Autistic            | _____ Developmentally Delay   | _____ Speech/Language Impaired |

Was an IEP (Individualized Education Program) in effect at the previous school for any of the services listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was an assessment conducted in the last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are assessment results available? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. I prefer to discuss my son/daughter's special needs privately with the school counselor or the Case Study Committee. I can be reached at: \_\_\_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

.....  
To be filled out by school

**SPECIAL EDUCATION REVIEW:**

If enrollment code is 2, 3, or 4 the following must be completed prior to enrollment.

Does this student require additional services, beyond what is provided at home, to meet educational needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what are the needs? \_\_\_\_\_

A. This student has the following special education needs: \_\_\_\_\_

B. This assessment of needs is based on: \_\_\_\_\_ Active IEP \_\_\_\_\_ Expired IEP  
\_\_\_\_\_ Assessment Data \_\_\_\_\_ Parent Interview \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Administrator/CSC Chairperson

\_\_\_\_\_  
Date

IF SPECIAL EDUCATION NEEDS ARE INDICATED THIS PAGE MUST FILED IN THE STUDENT'S CONFIDENTIAL FILE.

## **Bamberg High School Alternate Destination Information**

**PLEASE COMPLETE EVERY BLANK. PLEASE PUT N/A FOR NON-APPLICABLE IF NECESSARY**

**CHECK ONE:** After school my student's regular schedule is to:

Walk Home     Ride Bus # \_\_\_\_\_     Go to YS     Other: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Sponsor's Home Phone Number: \_\_\_\_\_ Sponsor's Duty Phone Number: \_\_\_\_\_

Sponsor's Cell Phone Number: \_\_\_\_\_ Sponsor's Alternate Duty Phone: \_\_\_\_\_

Spouse's Cell Phone Number: \_\_\_\_\_ Spouse's Duty Phone Number: \_\_\_\_\_

**Phone numbers of adults other than the sponsor or spouse, who if neither can be reached, will assume responsibility for advising the school.**

I authorize emergency contact pick-up of my child(ren)  
 I do **NOT** authorize emergency contact pick-up of my child(ren)

**Emergency Contact #1:**

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Duty Phone Number: \_\_\_\_\_

**Emergency Contact #2:**

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Duty Phone Number: \_\_\_\_\_

**It is also necessary that we have instructions from you for a course of action for your child(ren) if we go to Force Protection Delta at any time while students are in school. Please put an X by your choice:**

Please put my student on the bus/let them walk home as usual.

Please keep my student(s) at school until sponsor, spouse or emergency contact picks my student(s) up from school. No one other than the parents or emergency contacts listed above will be allowed to pick up my student(s) from school.

I have discussed this matter with my student(s) and s/he/they understand what to do in the event school is dismissed early and no one is home:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY (DODEA)  
STUDENT COMPUTER AND INTERNET ACCESS AGREEMENT**

**PRIVACY ACT STATEMENT**

**Authority:** DoD Directive 1342.6, DoD Dependents Schools; DoDDS System Notice 22  
**Principal Purpose(s):** To permit an individual's use of government-owned computer resources in accordance with DoDEA policies governing use of the Internet and to permit enforcement of DoDEA policies governing access to computers and the Internet.  
**Routine Use(s):** In accordance with DoD published routine uses.  
**Disclosure:** Voluntary; however no individual is permitted to use DoDEA-controlled computer resources until they have signed this statement indicating agreement to use of such equipment in accordance with DoDEA Computer and Internet Access Policies.

I, \_\_\_\_\_, have completed the required classroom instruction,  
(Student's Name - Please Print)  
understand the Terms and Conditions on the reverse side of this document, and agree to adhere to the principles and procedures detailed within.

Should I breach the guidelines, I understand that I may lose all network privileges on the DoDEA network, school disciplinary and/or appropriate legal action may be taken.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

(If you are under the age of 18 a parent or guardian must also read and sign this agreement.)

**PARENT OR GUARDIAN**

I, \_\_\_\_\_, have read the Terms and Conditions. I understand that  
(Parent's or Guardian's Name - Please Print.)

network access is designed for educational purposes. DoDEA has taken precautions to eliminate controversial material. However, I also recognize it is impossible for DoDEA to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

I understand, consistent with DoDEA policy to protect individual privacy, my child's written and art work and his or her name may be published, but DoDEA does not authorize the use of photographs, home address, or home telephone number in association with my child's name. I also understand DoDEA does not authorize the use of the school's Internet service for commercial activity or personal use inconsistent with the Terms and Conditions.

I understand: (1) This form does not relinquish my child's rights in his or her work. (2) DoDEA is not responsible for subsequent copying or unauthorized use of the work by an outside person or agency. (3) The only personal identification of the work will be my child's name. (4) My child cannot be directly contacted through the page. All contact will go through the teacher.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Terms and Conditions

- I. Acceptable Use
  - A. I agree to use DoDEA's computer services only in support of my education and research consistent with the educational objectives of the DoDEA. I will not download files or subscribe to bulletin boards that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.
  - B. I will respect and adhere to all of the rules governing access to DoDEA computing resources and the rules of any other network or computing resource to which I have access through the DoDEA equipment.
  - C. I understand transmission (sent or received) of any material in violation of any U.S. or state regulation is strictly prohibited and may violate criminal law. I will not transmit obscene, sexually suggestive or offensive, lascivious, harassing, or abusive messages, copyrighted material, or material protected by trademark or as a trade secret.
  - D. I will not publish the name, photograph, home address or telephone number of myself, another student, faculty, or any other person.
  - E. I understand using the DoDEA computer equipment for commercial, product advertisement or political lobbying is prohibited and may be illegal.
- II. Privileges
  - A. I understand that the use of the network is a privilege, not a right, and use inconsistent with these Terms and Conditions may result in a cancellation of those privileges. (Each student will receive instruction regarding the terms and protocols referenced in this document before network access is provided.)
  - B. I will be disciplined if I send messages or download files inconsistent with these Terms and Conditions. At the discretion of the principal and teacher, I may lose the privilege of using the Internet permanently and face suspension or expulsion. Copies of the inappropriate materials will be reported to the building administration and kept on file.
- III. Internet Etiquette
  - A. I will be polite. I will not use sexual or abusive language in my messages to others.
  - B. I will use courteous, respectful language. I will not swear, use vulgarities, sexual, harsh, or disrespectful language. Illegal activities are strictly forbidden.
  - C. I understand any transmission, including electronic mail, is not private and that my communications and access will be monitored.
  - D. I will evaluate information carefully. As with any research material, I must review it for accuracy and bias.
  - E. I will not use the network in such a way as to disrupt the use of the network by other users. This can be avoided by not sending "chain letters," or "broadcast" messages to lists or individuals.
- IV. No Warranties
  - A. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.
  - B. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services.
  - C. I understand DoDEA has no obligation or authority to defend me against any legal actions brought against me by anyone arising from my misuse of DoDEA computer resources or violations of any U.S. or foreign laws.
- V. Security
  - A. I understand security on any computer system is a high priority, especially when the system involves many users. I will notify my teacher if I notice a security problem. I will not demonstrate the problem to other users.
  - B. I will not give my user password to other individuals. Any activity associated with my account will be considered my activity. It is my responsibility to protect my account and password.
  - C. I may be denied access to the network if I am identified as a security risk.
- VI. Vandalism
  - A. I understand vandalism will result in cancellation of privileges.
  - B. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.



DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
OFFICE OF THE PRINCIPAL



BAMBERG HIGH SCHOOL  
UNIT 27539  
APO AE 09139

REQUIRED SIGNATURE

1. The purpose of this form is to establish the authorized signatures that will be accepted on you child's (children's) absent or tardy letters. If both parents will be signing the letters then both signatures must be included.
2. Student's letter, etc., will be cross-referenced with these signatures for authenticity. **NO OTHER SIGNATURES WILL BE ACCEPTED.** We cannot be held responsible for forged letters if you do not provide us with this information.

---

Student's Name

Grade

---

Father/Stepfather's Signature

---

Mother/Stepmother's Signature

---

Other Signature (State Relationship)

Student Name \_\_\_\_\_

## Student Electronic Mail Agreement

Use of electronic mail is a privilege provided to help students complete educational standards. Ultimately, the use of electronic mail is designed for students to gain skills and expertise that will prepare them for an increasingly technology-oriented society. Authorized student use of electronic mail (e-mail) must be consistent with the educational purposes for which this resource has been provided.

Electronic Mail (e-mail) consists of all electronically transmitted information including any combinations of text, graphics, audio, pictorial or other information created on or received by a computer application system and includes the transmission of data, message text and all attachments.

Students are expected to follow generally accepted rules of network etiquette. These include, but are not limited to:

- Be polite when corresponding
- Use appropriate language
- Keep personal information confidential
- Be familiar with Netiquette guidelines/rules

Failure to abide by standard DoDDS-E Internet and Electronic Mail policies may result in disciplinary action.

In accordance with DoDEA Regulation 2051.1, "Department of Defense Education Activity Disciplinary Rules and Procedures," August 16, 1996, grounds for suspension or expulsion include: "Unauthorized or illegal use of, or access to, computers, software telecommunications, and related technologies; any willful act that causes physical or financial damage, or otherwise disrupts information technology; any use of a computer to communicate threatening, harassing, or indecent messages; or to download obscene material." I understand that if my actions fall within the behavior quoted from DoDEA Regulation 2051.1, I may be subject to suspension or expulsion.

I understand and agree to comply with the Student Electronic Mail Agreement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
OFFICE OF THE PRINCIPAL

BAMBERG HIGH SCHOOL  
UNIT 27539  
APO AE 09139



Permission For Individual or Group Counseling  
2011-2012 School Year

Student Name: \_\_\_\_\_

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

The Department of Defense Schools provides a variety of services to help student succeed in school. Among these services are individual and group counseling sessions conducted by school counselors and other professional staff members. DoDDS policy requires written parental permission to be on file prior to counseling services. Please sign below and indicate whether or not you would like your student to have the opportunity to receive these services. If you have any questions, please contact the Bamberg American High School Guidance Office at 469-7630/8874 or 0951-300-7630/8874.

I, \_\_\_\_\_ (Parent/Sponsor/Guardian's Name), **GIVE** permission for  
\_\_\_\_\_ (Student's Name) to participate in group and/or individual  
counseling.

I, \_\_\_\_\_ (Parent/Sponsor/Guardian's Name), **DO NOT GIVE**  
permission for \_\_\_\_\_ (Student's Name) to participate in group  
and/or individual counseling.

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

\_\_\_\_\_  
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 by signing below.

\_\_\_\_\_  
Printed name of student

APPROVE \_\_\_\_\_  
Signature of child's parent/guardian

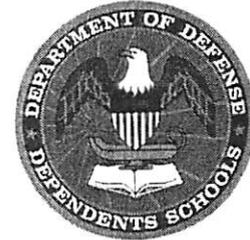
DISAPPROVE \_\_\_\_\_  
Signature of child's parent/guardian

DATE \_\_\_\_\_  
Today's date

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



DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
OFFICE OF THE PRINCIPAL



BAMBERG HIGH SCHOOL  
UNIT 27539  
APO AE 09139

MEMORANDUM FOR PARENTS AND STUDENTS

SUBJECT: Weapons Policy

There has never been a significant problem with weapons at Bamberg High School. This memorandum is to insure that all parents and students, especially those new to the school, have a thorough understanding of school and community policy.

Students occasionally bring to school items, which they might not think of as weapons, but which could possibly be used as weapons. Both DoDDS-E and USAG Bamberg have zero tolerance policies on weapons. Students who bring weapons to school will receive notice of proposed expulsion from school and the incident and proposed disciplinary action will be deliberated by the school disciplinary committee. Any incidence of weapons in the school will also be immediately reported to the police and USAG Bamberg.

According to DoDEA Regulation 2051.1, August 16, 1996, Disciplinary Rules and Procedures, "Weapons are items carried, presented, or used in the presence of other persons in a manner likely to make reasonable persons fear for their safety. They include, but are not limited to: guns, look-alike (replica) guns, knives, razors, razor blades, box or carpet cutters, sling shots, nunchucks. Also included are flailing instruments such as a fighting chain or heavily stubbed or chained belt, objects designed to project a missiles, explosives, mace, pepper spray, or any other similar propellant, or other object concealed, displayed, or brandished in a manner that reasonably proves fear." Weapons could also include items not designed as weapons, such as locks, rocks, bats, or even nail files, if they are used or intended to be used to hurt someone.

Any student having knowledge of a weapon(s) or unsafe situation is responsible to report it to an adult. The student should report any alleged weapon or unsafe situation whether the student know it to be a fact or not. Not reporting a weapon, unsafe situation, or withholding information that could keep the school safe will result in disciplinary action.

Your signature below acknowledged receipt of this memorandum.

DOMINICK CALABRIA  
PRINCIPAL

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

## Access to Student Information by Military Recruiters

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 student 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 name: \_\_\_\_\_

I object to the release of the name, address, or telephone number of [**print name 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: \_\_\_\_\_

Name of signing student or parent—please print: \_\_\_\_\_

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

#### **Note for Registrar:**

- 1) **Aspen X2:** Please mark the check-box at the bottom of the form 600 registration screen if the sponsor/parent completes this form.
- 2) **SMS:** Staff working to create a box in the DoDEA registration page and should operation by close of business 24 Jul 09.

DEPARTMENT OF DEFENSE  
 EDUCATION ACTIVITY  
 4040 NORTH FAIRFAX DRIVE  
 ARLINGTON, VIRGINIA 22203-1635

*DoDEA Immunization Requirements  
 August 2010*

Students who enroll in DoDEA schools are required to 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 (August, 2010)* is provided to parents for informational purposes only. Official proof of immunization must be provided to school officials at the time of initial registration.

As of July 2010, DoDEA aligned with the immunization guidance prescribed by the Interstate Compact on Educational Opportunity for Military Children. As a result, provision has been made for students transferring to a new location allowing up to 30 calendar-days after enrollment to present current immunization documentation.

IMMUNIZATIONS	MINIMUM DoD REQUIREMENTS
	As Recommended by the Advisory Committee on Immunization Practice (ACIP) at Center of Disease Control (CDC)
Diphtheria, Petanus, Pertussis  Eg., DTP,DTaP, DTwP, DT, DTaP-Hib, DTaP-HepB-IVP, Tdap, TD	Four (4) doses; At least one MUST be administered <u>after</u> the 4 <sup>th</sup> birthday  ACIP Recommendation: <ul style="list-style-type: none"> <li>• The usual schedule is a primary series of 4 doses at 2m, 4m, 6m and 15-18m of age</li> <li>• 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 (5a)</li> </ul> Tdap or Td booster doses: A single Tdap booster dose is recommended for children 11-12 years old, if 5 years has elapsed since the last dose; then Td booster every 10 years with Td (5b)
HEPATITIS A  Eg. HepA	Two (2) doses  ACIP Recommendation: <ul style="list-style-type: none"> <li>• HepA is recommended for all children at 1 year of age</li> </ul> The two doses in the series should be administered at least 6 months apart
HEPATITIS B  Eg. HepB, Hib-HepB, DTaP-HepB-IVP	Three (3) doses:  ACIP Recommendation: <ul style="list-style-type: none"> <li>• The standard schedule is 0, 1 and 6 months</li> <li>• The first dose is recommended shortly after birth with the 2<sup>nd</sup> dose administered at age 1-2months. The 3<sup>rd</sup> dose should be administered <math>\geq 24</math> wks</li> <li>• Merck's Recombivac-HB brand of HepB vaccine can be given as a 2-dose series for adolescents 11 to 15 years of age</li> </ul> Catch-up Schedule: <ul style="list-style-type: none"> <li>• 3-dose series may be started at any age</li> <li>• Minimum spacing for children and teens: 4 wks between dose 1 and dose 2 and 8 wks between dose 2 and dose 3</li> </ul>

<p>Haemophilus</p> <p>Influenza type b Eg. Hib, Hib-HepB, DTaP-Hib</p>	<p>Two (2) to four (4) doses</p> <p>ACIP Recommendation:</p> <ul style="list-style-type: none"> <li>• Primary immunization occurs at 2m, 4m, 6m, and 12m to 15 m (booster dose)</li> <li>• Merck's PedvachIB brand of Hib vaccine, 3 doses are needed (2,4 and 12-15m)</li> </ul> <p>Catch-up Schedule:</p> <ul style="list-style-type: none"> <li>• If dose 1 is given at 12-14m, give a booster dose 8 weeks later</li> <li>• Unvaccinated children from ages 15m up to 5 years need only 1 dose Hib is not routinely given to children 5 years old and older</li> </ul>
<p>IVP/OPV</p> <p>Polio Vaccine</p>	<p>Three (3) doses; At least one dose must be administered <u>after</u> the 4<sup>th</sup> birthday</p> <p>ACIP Recommends:</p> <ul style="list-style-type: none"> <li>• Usual schedule is a primary series of 4 doses at 2m,4m, 6-18m and 4-6 years of age.</li> <li>• All doses should be separated by at least 4 weeks</li> <li>• If dose 3 is given after the 4<sup>th</sup> birthday, dose 4 is not needed</li> </ul>
<p>MMR/MMRV</p> <p>Measles, Mumps, Rubella</p>	<p>Two (2) doses</p> <p>ACIP Recommendation:</p> <ul style="list-style-type: none"> <li>• Dose 1 is given at 12-15m</li> <li>• Dose 2 routinely at age 4 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 12 months.</li> <li>• Those who have not previously received the second dose should complete the schedule by age 11-years</li> </ul>
<p>MENINGOCOCCAL</p> <p>MCV4 (Menactra®)</p>	<p>One (1) dose</p> <p>ACIP Recommends:</p> <ul style="list-style-type: none"> <li>• MCV4 should be given to all children at the 11-12 years of age as well as unvaccinated adolescents at High School entry (15 years of age) Any adolescent over 11 years of age may receive this vaccine</li> <li>• Vaccination against invasive meningococcal disease is recommended for children and adolescents ≥ 2 with terminal deficiencies or anatomic or functional asplenia and certain other high risk groups</li> </ul>
<p>VARICELLA</p> <p>Chicken Pox</p>	<p>Two (2) doses</p> <p>ACIP Recommendations:</p> <ul style="list-style-type: none"> <li>• Dose #1 Minimum age 12 months</li> <li>• Dose #2 at age 4 years. However the second dose may be administered before age 4 provided at least 3 months have elapsed since first dose</li> <li>• For children 12mths-12 years, the minimum interval between doses is 3 months; However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid</li> <li>• For children age 13 years and older, the minimum interval between doses is 28 days</li> <li>• Immunization is NOT required in people with a history of natural disease (chickenpox)</li> </ul>
<p>PPD</p> <p>TB tine/ monovac</p> <p>BCG</p>	<p>Routine testing is no longer necessary unless risk factors are identified as determined by local medical command.</p>

**Permission form for students  
Fifteen years of age and older to  
Leave School Campus for Teen Clinic Health Service Appointments**

**Teenagers who are fifteen years of age or older have access to Bamberg Health Clinic Teen Services. These services are very specific in nature and include reproductive, psychological, and drug treatment services. Federal law provides free, confidential services to teens age fifteen and over.**

**The signature for permission to leave campus during school hours is optional. No signature means your child does not have permission to leave Campus for a Teen Clinic appointment. If consent is signed, parents/sponsors will not be contacted if a student leaves Campus to go to a Teen Clinic Appointment.**

\*\*\*\*\*  
\*\*\*\*\*

**I hereby give consent for my child or legal ward to leave school in order to attend scheduled Teen Clinic sessions. I understand these sessions are by appointment only, transportation is not provided (the Clinic is about 200 meters from the school), and it will be considered an excused absence. Students must be 15 years or older in order to attend without a parent or guardian. Students can make their own appointment or ask for assistance from the school nurse. The School Nurse will issue a pass for the student to use in going between school and clinic and student must have a signed pass from Teen Clinic to be admitted back to class.**

**Students Name** \_\_\_\_\_

**Signature of Parent or  
Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

MEDICAL POWER OF ATTORNEY

In the event that my dependent (NAME) \_\_\_\_\_ is injured or becomes ill, necessitating immediate medical examination or care/ while under the supervision or while participating in any activities sponsored by \_\_\_\_\_. I authorize and release to any agent or employee of \_\_\_\_\_ 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 \_\_\_\_\_ will use all diligent and reasonable efforts to contact my spouse or me. If personnel of \_\_\_\_\_ or the U.S. treatment facility can contact neither 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 of 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 problems (such as diabetes, seizures, asthma, heart and kidney disease):

My dependent is allergic to the following: \_\_\_\_\_

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

Date of last tetanus booster: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (to be completed by parent)

Sponsor's Home Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

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

Sponsor's Unit \_\_\_\_\_ Work Phone # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Other Names and Phone Numbers to Use in Case of Emergency if Parents/Guardians are Unavailable:

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 \_\_\_\_\_

Are you a 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 NON-DISCLOSURE:** 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

2009-2010

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

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

### HEALTH HISTORY

VISUAL DEFECT		COMMENTS	CARDIOVASCULAR		COMMENTS
WEARS GLASSES	<input type="checkbox"/>	<input type="checkbox"/> For reading ONLY or <input type="checkbox"/> Wears full-time	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		
<b>HEARING DEFECT</b>	<input checked="" type="checkbox"/>		HEART MURMUR	<input type="checkbox"/>	
EAR INFECTIONS Frequency:	<input type="checkbox"/>	Last date:	RESTRICTIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	Explain:
TUBE IN EAR(S) Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/>	Date of insertion:	OTHER	<input type="checkbox"/>	
<b>HEARING LOSS</b>	<input checked="" type="checkbox"/>		<b>RESPIRATORY</b>	<input checked="" type="checkbox"/>	
MILD Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/>	Date of diagnosis:	ASTHMA Date of diagnosis:	<input type="checkbox"/>	Inhaler needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>
MODERATE Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/>	Date of diagnosis:	BRONCHITIS	<input type="checkbox"/>	
SEVERE Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/>	Date of diagnosis:	CYSTIC FIBROSIS	<input type="checkbox"/>	
HEARING AID(S) Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/>	Date:	TUBERCULOSIS Date of diagnosis:	<input type="checkbox"/>	Type of treatment: Date of treatment:
CONGENITAL EAR DEFECT Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/>		NOSEBLEEDS	<input type="checkbox"/>	Frequency:
<b>ALLERGIES</b>	<input checked="" type="checkbox"/>	<b>ANA Kit Required</b>	SINUSITIS	<input type="checkbox"/>	Frequency:
BEE STING	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DERMATOLOGY</b>	<input checked="" type="checkbox"/>	
FOOD Specify:	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	PROBLEMS WITH BODY PIERCING/TATOOS	<input type="checkbox"/>	
DRUG Specify:	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	FEVER BLISTERS COLD SORES	<input type="checkbox"/>	
ENVIRONMENTAL	<input type="checkbox"/>		CONTACT DERMATITIS	<input type="checkbox"/>	
SEASONAL	<input type="checkbox"/>		ACNE	<input type="checkbox"/>	
LACTOSE INTOLERANCE	<input type="checkbox"/>		ECZEMA	<input type="checkbox"/>	
<b>ENDOCRINE</b>	<input checked="" type="checkbox"/>		DANDRUFF	<input type="checkbox"/>	
DIABETES Date of diagnosis:	<input type="checkbox"/>	Insulin needed: @ school YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	TINEA (RINGWORM) Body <input type="checkbox"/> Head <input type="checkbox"/> Feet <input type="checkbox"/>	<input type="checkbox"/>	
HYPERGLYCEMIC	<input type="checkbox"/>		<b>MUSCULOSKELETAL</b>	<input checked="" type="checkbox"/>	
HYPOGLYCEMIC	<input type="checkbox"/>		ARTHRITIS	<input type="checkbox"/>	
THYROID DISORDER	<input type="checkbox"/>		MUSCULAR DYSTROPHY	<input type="checkbox"/>	
<b>PARASITES (HISTORY OF)</b>	<input checked="" type="checkbox"/>		HISTORY OF FRACTURE Explain:	<input type="checkbox"/>	Date:
MALARIA	<input type="checkbox"/>		SCOLIOSIS	<input type="checkbox"/>	Date of diagnosis:
PINWORMS	<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"/>	

**STUDENT HEALTH HISTORY - CONTINUED on the back.**

NEUROLOGICAL		COMMENTS	GASTROINTESTINAL/ GENITOURINARY		COMMENTS
CEREBRAL PALSYP	<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 Frequency:		Date of last infection:
MIGRAINE 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 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 of diagnosis:	<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 APPETITE	<input type="checkbox"/>	
SUBSTANCE ABUSE, History of	<input type="checkbox"/>	Circle: Drugs, alcohol, tobacco, and/or inhalants Date:	MISCELLANEOUS	<input checked="" type="checkbox"/>	
ANOREXIA	<input type="checkbox"/>		THUMBSUCKING	<input type="checkbox"/>	
BULIMIA	<input type="checkbox"/>		MOTION SICKNESS	<input type="checkbox"/>	

**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 supervision of school personnel.  
SPECIFY ALL CURRENT MEDICATIONS (including medications taken at home):

YES

NO

Comments

**HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason:**

Date: \_\_\_\_\_ Length of hospitalization: \_\_\_\_\_ Reason: \_\_\_\_\_  
mo./day/yr.

YES

NO

Comments

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

(PLEASE PRINT)

\_\_\_\_\_ My child had the chicken pox vaccine

\_\_\_\_\_ My child had the chicken pox \_\_\_\_\_ / \_\_\_\_\_ month/year

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

Parent/Sponsor's Signature:

Date: