

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION**

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2164, 20 USC 921

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

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

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

SECTION I – STUDENT INFORMATION

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

SECTION II – SPONSOR INFORMATION

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

SECTION III – LOCAL EMERGENCY CONTACT INFORMATION

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

SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION

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

SECTION V – CONSENT and SCHOOL USE INFORMATION

<p>I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.</p> <p>I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below.</p> <p>I verify the information is correct or has been corrected.</p>		34. First Day Student Starts School (MMDDYYYY)	35. DoDAAC	
		36. School Name		
		37. Orders on File / Verified		Y N
		38. Birth Date Verified		Y N
27. Exceptions (If none, enter NONE)		39. Reserved		
		Y N		
28. Signature of Sponsor	29. Date (MMDDYYYY)	40. Registrar's Initials	41. Date (MMDDYYYY)	
30. Reserved	31. Reserved	42. Reserved		
32. Local Use	33. Local Use	43. Local Use		

**DoDDS - EUROPE
REGISTRATION QUESTIONNAIRE
SPONSOR CATEGORY FOR SCHOOL YEAR 2007 / 2008**

This questionnaire is to be used during the registration process to determine the appropriate category of the pupil's sponsor, and to enter the data into the *Student Information System (SIS)*. This form in itself does not grant eligibility. Please check/circle the appropriate category code and attach the documentation required to support enrollment to this form. Failure to provide current eligibility documents will delay enrollment of the listed student(s). All sponsors enrolled in Categories 2, 3, & 4 are required to sign for the DoDEA regulation 1030.1 (Space available eligibility requirements for education of minor dependents in the overseas are, APRIL 04, 2005) and Category 1G, 1H, 2 & 4 is also required to receive the Tuition payment procedure letter.

NAME OF STUDENT(s): _____

NAME OF STUDENT(s): _____

NAME OF STUDENT(s): _____

CODE	DESCRIPTION	DOCUMENTATION REQUIRED (REGISTRAR CIRCLE ITEMS PROVIDED)
CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION FREE - SPACE REQUIRED)		
1A	ARMY	B or B + C or D or E
1B	NAVY	B or B + C or D or E
1C	MARINES	B or B + C or D or E
1D	AIR FORCE	B or B + C or D or E
1E	U.S. COAST GUARD	B or B + C or D or E
1F	Full Time DOD US Citizen/National Civilian	B or B + C or D + N or M
1J	Full Time NAFI US Citizen/National Civilian	B or B + C or D + N or M
CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION PAYING - SPACE-REQUIRED)		
1G	MAP + FMS (AGENCY PAYS)	B or B + C or D or E
CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION PAYING - SPACE-CREATED)		
1H	US CONTRACTORS (TUITION PAYING)	A + N or M
CATEGORY 2. FEDERALLY CONNECTED (FC) PERSONNEL - (TUITION PAYING - SPACE AVAILABLE)		
2A	U.S. GOVERNMENT (Example: State DEPT, FAA, GAO, US CIVILIAN NATO, ETC.)	B or B + D or N or M
2B	PART TIME NAFI and Part time Appropriated Funds Employees	D + N or M
2C	U.S. INTEREST (Example: Red Cross, Boy/Girl Scouts, USO Active Duty TDY, NG/Reservist activated less than 180 Days)	D or G + N or M (Reservist G + N or M)
2D	FOREIGN SERVICE (Foreign DoD Member serving with NATO, UN, ETC.)	I
CATEGORY 3. NON-COMMAND-SPONSORED DoD - (TUITION FREE - SPACE-AVAILABLE)		
3A	Permanently assigned ARMY & NG/Reservist activated 180 days or more*	B + N or M
3B	Permanently assigned NAVY & NG/Reservist activated 180 days or more*	B + N or M
3C	Permanently assigned MARINES & NG/Reservist activated 180 days or more*	B + N or M
3D	Permanently assigned AIR FORCE & NG/Reservist activated 180 days or more*	B + N or M
3E	Permanently assigned US Coast Guard & NG/Reservist activated 180 days or more*	B + N or M
3F	APF sponsors living apart from family overseas	*(Reservist G + N or M) B or D + N or M
3G	SPECIAL CASE (Category 1A-G + 1J sponsors who transfers, dies or retires after the start of the current school year, previously enrolled New USO students, other Secretary of Defense Waivers)	P
3J	NAFI sponsors living apart from family overseas	B or D + N or M
3P	NIS/PFP	I + K
CATEGORY 4. OTHER NON-FEDERALLY CONNECTED - (TUITION PAYING - SPACE AVAILABLE)		
4A	U.S. CITIZEN (PL99-145)	J + O
4B	FOREIGN NATIONAL (PL99-145)	J + O
4C	OTHER U.S. CITIZEN (Retired Military or US Tourist)	J
4D	OTHER FOREIGN NATIONAL (Host Nation Civilians)	J + O

I VERIFY THAT THE CATEGORY CODE AND DOCUMENTATION PROVIDED IS CORRECT

DATE _____
SIGNATURE OF SPONSOR or SPOUSE _____

DSE FORM 910-R (Revised MAR07) - Corrected 16Mar07

NOTED _____
(REGISTRAR INITIAL)

DSE 910- R (Registration Questionnaire documentation information)

DOCUMENTATION NEEDED TO VERIFY SPONSOR CATEGORY (IAW DoDEA DIRECTIVE 1342.13)

- A. US Government Contractors-Logistical support section of the employees contract Providing DoD Schooling or DOCPER Technical Expert Status Accreditation (TESA) Agreement memorandum or DD1172-2 (Common Access ID Card Application) issued by DOCPER or copy of either the employees Contractor's ID Card or spouses ID card
- B. Sponsor's PCS orders listing family members. US Citizen NATO – Documentation that identifies the Sponsor as a US Citizen serving with other Allied Forces.
- C. Orders for Designated Location Move (DLM) of Dependents listing family members
- D. DSE form 803 Confirmation of Status (MILITARY) validated by the Installation Military Personnel Office or DSE 802 Appropriated/Non Appropriated funds US Civilian Verification form or other employment Documentation from the servicing Human Resource/Civilian Personnel Office Validating employment Overseas. All USO Employees need documentation from the servicing Human Resource/Civilian Personnel Office validating employment overseas.
- E. Approved Command Sponsorship listing student(s) issued by the Installation Military Personnel office or Civilian/Human Resource Office.
- F. Death Certificate and/or Documentation showing sponsor died while entitled to Active Duty Pay or compensation or eligible within a 1-Year period.
- G. CONUS base Active duty US Military/DOD Civilians TDY orders. ***National Guard/Reservist orders reflecting Activation.***
- H. Proof of Custody/guardianship or wardship at sponsor's death or birth certificate with the deceased sponsor as one of the biological parents and proof that the surviving spouse of child has a specific relationship to the overseas Country (presence of family, Citizenship or relationship)
- I. Documentation, which identifies the Sponsor as a Foreign DoD Member serving with the Allied Forces.
- J. *Passport
- K. 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 Ankara for NIS billets.***
- L. TAMP ID CARD AND DOCUMENTATION (SEE * BELOW)
- M. In Loco Parentis (ILP) Documentation: Court Order granting Adoption, Guardianship, Custody or Wardship, ILP Affidavit (DSE801-R) and DoDDS-Europe approval (See ** below). Family Care Plan Determinations (CONUS Base single parent, dual military deployments in support of Operation Iraqi/Enduring Freedom) – Memorandum from Unit Commander or first O6 in the chain of command requesting exception to policy for enrollment of deployed family members, deployment order reflecting the number of days deployed (this can also be included in the exception to policy memo), portion of the Family Care Plan reflecting a person who resides in an overseas location as the Family Care Provider (FCP). Power of Attorney granting the FCP the right to act on behalf of the deployed sponsor(s), when an emergency arises at the school. DoDDS-E approval prior to enrollment.
- N. *****Birth Certificate reflecting biological connection between the child and sponsor. If the child is biologically connected to the spouse a copy of the marriage and birth certificate is required. If neither are connected no enrollment without DoDDS-E approval. Student ID card - Please ensure that the correct sponsor name is on the student ID Card***
- O. Installation pass granting access from the local Installation Commander Office
- P. Category 3G; Special case; Death of sponsor while entitled to Active Duty pay or Civilian compensation or eligible within a 1-Year period (need documentation listed in block "F" and "H" above to support enrollment.

Explanation: of Category 3P: Partnership for Peace (PFP) program currently in DoDDS; SHAPE, Brussels EHS, AFNORTH ES/HS, and Naples ES/HS. The Newly Independent Nations Waiver (NIS) is applicable at Ankara ES/HS.

* For the applicability of documentation for code "L" (listed above) refer to the relevant category section (either category 1 or 3) in the current Student Eligibility and Enrollment Data Handbook.

** All requests for In Loco Parentis enrollments (Code "M & N" above) must be submitted to the Eligibility POC at DoDDS-E for determination before the student(s) can attend.

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 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?

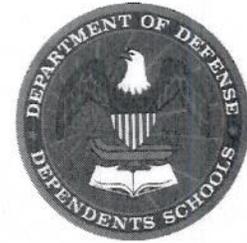
_____ **English (E)** _____ **Another Language (A)** _____ **Both English and Another Language (B)**

Language(s) Learned: _____

Student Name: _____



**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

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.

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 - Europe
Office of the Director – Public Affairs
Publicity Permission Form**

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, DoDDS-E official web sites follow 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 us to include a student, staff member or community member in print 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 Child or Individual if for self

Signature of child's parent/guardian or individual if for self

Disapprove

Date
self

Signature of child's parent/guardian or individual if for

SY '04-'05 _____ SY '05-'06 _____ SY '06-'07 _____ SY '07-'08 _____

This form is applicable for the current school year and will remain permanently in the student's file. Each subsequent year the student registers, the form is to be reviewed and updated by providing parent/guardian initials next to school year.

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 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

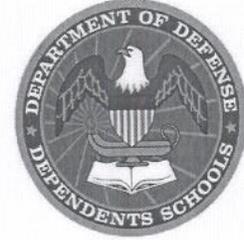
Date

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



DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE PRINCIPAL

BAMBERG HIGH SCHOOL
UNIT 27539
APO AE 09139



Permission For Individual or Group Counseling
2007-2008 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.

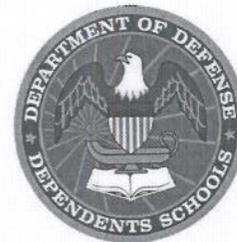
I, _____ (Parent/Sponsor/Guardian's Name), **DO NOT GIVE**
permission for _____ (Student's Name) to participate in group
and/or individual counseling.

Signature of Parent/Sponsor/Guardian

Date



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

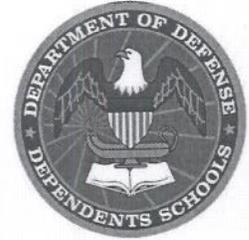
Father/Stepfather's Signature

Mother/Stepmother's Signature

Other Signature (State Relationship)



DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE PRINCIPAL



BAMBERG AMERICAN MIDDLE/HIGH SCHOOL
UNIT 27539
APO AE 09139

REQUEST FOR STUDENT RECORDS

NAME OF PREVIOUS SCHOOL _____

1st Request Sent _____

STREET ADDRESS _____

2nd Request Sent _____

CITY STATE ZIP CODE _____

3rd Request Sent _____

BAMBERG AMERICAN MIDDLE/HIGH SCHOOL REQUESTS RECORDS FOR:

STUDENT NAME _____

BIRTHDATE (MMM/DD/YYYY) _____

DATES AND GRADES ATTENDED _____

PARENT/GUARDIAN NAME _____

PLEASE INCLUDE:

- ✓ A signed official transcript
- ✓ Withdrawal grades
- ✓ Social work and psychological test results
- ✓ Counselor files
- ✓ Testing records
- ✓ Special Education or placement files
- ✓ An explanation of your grading system and name of your accrediting agency

If any of this information is available from another department such as a Central Office or Psychological Services, please forward this request to such department.

Mail Official Transcripts to:

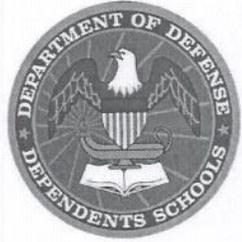
BAMBERG HIGH SCHOOL
ATTN: Registrar/Counselor
Unit 27539
APO AE 09139

Phone (from US): 011-49-951-32316
Fax (from US): 011-49-951-32669

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974 and, for DoDDS Schools, DS Manual 1100.3, written authorization is provided for release of records and files to Bamberg High School for the above named student. The parent or guardian signature below authorizes the release of records and any reports of social work psychological evaluations, confidential files, guidance counselor files, placement files, and/or special education files for the above name student to Bamberg American High School.

Record release approved by: _____
Parent Signature

Registrar Signature



**DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE PRINCIPAL**

**BAMBERG HIGH SCHOOL
UNIT 27539
APO AE 09139**

2007-2008 School Year

**Memorandum To: All Parents of Students in Grade 7 and Grade 8
From: Bamberg American Middle/High School**

If you wish for your child to leave the school campus during lunch, he/she will be required to obtain your written permission. Please complete the following section and have your child return it immediately. After this is completed, permission will be granted for SY 06-07 only. A copy will be kept in the attendance office and your child will be given a lunch identification card similar to a regular ID card with a personalized photo. This card should be in your child's possession at all times while off campus. Any student off campus, not in possession of an off campus identification card, will be given a consequence which may include suspension due to truancy. Permission to leave campus may be revoked during the school year by administration and or parents.

I give my child permission to leave the Bamberg American Middle/High School Campus **only** during the lunch period of 11:08-11:43. This returned notice will make it effective for the remainder of SY 06-07. My child is required to have his/her lunch identification card in possession at all times during their lunch period while off school campus. If the lunch identification card is not in his/her possession, he/she is subject to the Military Police stopping them as well as school disciplinary action.

Student Name (Please Print) _____

Date _____

Parent Name (Please Print) _____

Parent Signature _____

Sponsor Unit & Telephone # _____

Home Telephone Number or Cell Number for Verification _____

Student Name: _____

Denial of Access to Military Recruiters

Under the provisions of the No Child Left Behind (NCLB) Act of 2001, DoD 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, DoDDS officials must provide high school student names, addresses, and telephone listings. In essence, if a military recruiter asks for the names, addresses, and telephone listing of high school students they must be provided, except in the following circumstances.

- The school is a private school and maintains a religious objection to service in the armed forces that is verifiable through information or materials of the school.
- The school has afforded parents the opportunity to opt out of providing this information to third parties, and the parents opted out,

A high school student or the parent of the student may request that this information not be release by completing the form below.

Request For Non-Disclosure Of High School Student Personal Information To Military Recruiters

I object to the release of the name, address, or telephone number of _____ (printed name of student) to military recruiters during the 2006/2007 school year. For students who are under the age of 18 I understand that once this form has been signed by either the student or the parent, only the 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 the student information may be released.

Signature of parent or student: _____

Printed name of parent or student: _____

Date: _____