

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION**

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2164, 20 USC 921

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

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

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

SECTION I – STUDENT INFORMATION

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

| | | | |
|--------------------------|---|--|------------------------|
| 2a. Student Number | b. Student Legal Name (Last, First, Middle) | | c. Preferred Name |
| d. Gender M F | e. Home Phone | f. Student Unique ID | g. Student Grade |
| h. Birth Date (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 |

| | | | |
|--------------------------|---|--|------------------------|
| 3a. Student Number | b. Student Legal Name (Last, First, Middle) | | c. Preferred Name |
| d. Gender M F | e. Home Phone | f. Student Unique ID | g. Student Grade |
| h. Birth Date (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 (MMMDYYYY) | 35. DoDAAC |
| | 36. School Name | |
| | 37. Orders on File / Verified | |
| | 38. Birth Date Verified | |
| 27. Exceptions (If none, enter NONE) | 39. Reserved | |
| | 40. Registrar's Initials | |
| 28. Signature of Sponsor | 29. Date (MMMDYYYY) | 41. Date (MMMDYYYY) |
| 30. Reserved | 31. Reserved | 42. Reserved |
| 32. Local Use | 33. Local Use | 43. Local Use |