

**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. Code directories will be provided.

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. Gender M F
d. Home Phone	e. Student SSN / Unique ID	f. Student Grade	g. Birth Date (MMMDDYYYY)
h. Employee Type Code	i. Internet Agreement Y N	j. Entry / Status Code	k. Previous DoDEA Student Y N

2a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Gender M F
d. Home Phone	e. Student SSN / Unique ID	f. Student Grade	g. Birth Date (MMMDDYYYY)
h. Employee Type Code	i. Internet Agreement Y N	j. Entry / Status Code	k. Previous DoDEA Student Y N

3a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Gender M F
d. Home Phone	e. Student SSN / Unique ID	f. Student Grade	g. Birth Date (MMMDDYYYY)
h. Employee Type Code	i. Internet Agreement Y N	j. Entry / Status Code	k. Previous DoDEA Student Y N

4a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Gender M F
d. Home Phone	e. Student SSN / Unique ID	f. Student Grade	g. Birth Date (MMMDDYYYY)
h. Employee Type Code	i. Internet Agreement Y N	j. Entry / Status Code	k. Previous DoDEA Student Y N

5a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Gender M F
d. Home Phone	e. Student SSN / Unique ID	f. Student Grade	g. Birth Date (MMMDDYYYY)
h. Employee Type Code	i. Internet Agreement Y N	j. Entry / Status Code	k. Previous DoDEA Student Y N

SECTION II – SPONSOR INFORMATION

6. Sponsor's Name (Last, First, Middle Initial)		7. Sponsor SSN/Unique ID	8. Pay/Civ Grade	9. Title / Rank
10. Organization		11. Location of Unit	12. Duty Phone	13. Rotation / ETS Date
14. Spouse's Name (Last, First, Middle Initial)		15. Spouse's Employer (Optional)		16. Spouse's Duty Ph.
17. Mailing Address (e.g. APO/FPO) (If different from Physical)		18. Physical Quarters Address (Street, City, State, Zip Code)		
19. Relationship to Student	20. Cell Phone	21. Email Address		
22. Pager Number	23. Local Use	24. Local Use		

SECTION III – LOCAL EMERGENCY CONTACT INFORMATION

25. Emergency Contact Name (Not Sponsor or Spouse)	26. Contact Duty Phone	27. Contact Home Phone
28. Emergency Contact Address (During Day)	29. Doctor's Name (If not Military Clinic)	30. Doctor's Phone Number

SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION

31. Contact Name	32. Contact Home Phone
33. Contact Address	34. Relationship to Sponsor

SECTION V – CONSENT and SCHOOL USE INFORMATION

I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.		42. Date Enrolled (MMMDDYYYY)	43. DoDAAC	
I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below.				
I verify the information is correct or has been corrected.				
35. Exceptions (If none, enter NONE)		44. School Name		
		45. Orders on File / Verified		
			Y	N
		46. Birth Date Verified		
			Y	N
		47. Home Language Survey Completed		
			Y	N
36. Field Trip Permission Y N	37. Picture Permission Y N	48. Registrar's Initials	49. Date (MMMDDYYYY)	
38. Signature of Sponsor	39. Date (MMMDDYYYY)	50. Reserved		
40. Local Use	41. Local Use	51. Local Use		