

Non-DoD Schools Program for the Americas

Application Package SY 2005-06

MANAGED BY:

Department of Defense
ddess
Domestic Dependent Elementary and Secondary Schools

CHECKLIST

Please note that incomplete applications/application packages will be returned. Please ensure all information fields, signatures, and documentation is included when submitting for approval.

- _____ Completed Application for Enrollment (DoDEA Form 610)
(Make sure sponsor's and Commander/Supervisor's signatures have been secured)
- _____ Completed Request for Reimbursement of Transportation Expenses
(Make sure sponsor's and Commander/Supervisor's signatures have been secured)
- _____ Completed Verification of Eligibility Form
(Make sure sponsor's and Commander/Supervisor's signatures have been secured)
- _____ Copy of Sponsor's Assignment Orders
(Orders must have the date of birth for the dependent applying for enrollment. Otherwise, a copy of the dependent's passport or birth certificate is also required.)
- _____ Funding Details Form
(All costs being claimed for reimbursement should be detailed on this form.)
- _____ Copy of Published School Tuition Rates
- _____ Copy of School Calendar

Children with Special Needs must also provide:

- _____ Copy of Current Individualized Education Plan (IEP)
(Must identify specific educational needs and proposed outcome of services.)
- _____ Letter from School Administrator concurring with IEP requirements

X _____
Signature of the Local NDSP Liaison

**APPLICATION FOR ENROLLMENT IN A NON-DOD SCHOOLS PROGRAM
FOR SCHOOL YEAR _____**

PRIVACY ACT STATEMENT

AUTHORITY: Sections 921-932 of Title 20, and E.O. 9397.

PRINCIPAL PURPOSE(S): The primary use of this information is by Department of Defense Education Activity (DoDEA) officials to: (a) determine the eligibility of children to attend these schools; (b) make arrangements for education and payment made, as required; (c) schedule children for transportation; and (d) monitor special education services required by and received by the student.

ROUTINE USE(S): Additional disclosure of germane information is authorized to other officials of the Department of Defense requiring information for operation of the Department (including defense investigative agencies and recruiting officials). Routine disclosure of certain information is authorized outside the Department of Defense. The sponsor's name, rank, and branch of service may be released to former students for the purpose of organizing reunion activities. The "Blanket Routine Uses" set forth at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, as published at <http://www.defenselink.mil/privacy/notices/osd/>, apply to this system.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or result in the denial of educational benefits for the dependent of the individual requested to complete this form.

PART I - TO BE COMPLETED BY THE SPONSOR

Under the provisions of DoDEA Regulation 1035.1, request that the following command sponsored dependent be authorized to enroll in the following non-DoD school:

1. NAME OF NON-DOD SCHOOL DESIRED TO ENROLL <i>(Include City and Country)</i>	2.a. ENROLLMENT START DATE <i>(YYYYMMDD)</i>	b. GRADE IN SCHOOL
--	---	---------------------------

3.a. STUDENT NAME <i>(Last, First, Middle Initial)</i>	b. DATE OF BIRTH <i>(YYYYMMDD)</i>
---	---

4.a. DID YOUR CHILD RECEIVE SPECIAL EDUCATION OR 504 ACCOMMODATIONS AT THE PREVIOUS SCHOOL? <i>(If Yes, attach copy of IEP or 504 Plan.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	b. IS YOUR DEPENDENT ENROLLED IN EFMP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	---	--

5. SPONSOR INFORMATION

a. NAME <i>(Last, First, Middle Initial)</i>	b. SOCIAL SECURITY NUMBER
---	----------------------------------

c. RANK/GRADE/SERVICE	d. DEROS	e. MAP/RMS/SAO	<input type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------	-----------------	-----------------------	--

f. UNIT NAME AND MAILING ADDRESS	g. LOCAL MILITARY MAILING ADDRESS <i>(If different from f.)</i>
---	--

h. DUTY TELEPHONE NUMBER	i. HOME TELEPHONE NUMBER	j. UNIT FAX NUMBER
---------------------------------	---------------------------------	---------------------------

k. E-MAIL ADDRESS

l. NAME AND LOCATION OF NEAREST DOD SCHOOL

m. DISTANCE FROM SPONSOR'S PLACE OF RESIDENCE TO NEAREST DOD SCHOOL <i>(Miles)</i>	n. DISTANCE FROM SPONSOR'S PLACE OF RESIDENCE TO NON-DOD SCHOOL <i>(Miles)</i>
---	---

6. SPONSOR'S CERTIFICATION
I certify that the above information is true and correct to the best of my knowledge. I also certify that the dependent named in Item 3 is command sponsored. I will notify the NDSP Program Manager in case of withdrawal of my dependent prior to the end of the term. I understand that I am responsible for any costs incurred that are not approved for payment by DoDEA.
(Attach copies of Sponsor's PCS orders, Reimbursement of Transportation Expenses and Verification of Eligibility Forms.)

a. SIGNATURE OF SPONSOR	b. DATE <i>(YYYYMMDD)</i>
--------------------------------	----------------------------------

PART II - TO BE COMPLETED BY THE COMMANDER

7. COMMANDER ENDORSEMENT

a. <input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR	b. DATE <i>(YYYYMMDD)</i>	c. TELEPHONE NUMBER	d. TYPED NAME <i>(Last, First, Middle initial)</i>
---	----------------------------------	----------------------------	---

e. RANK/GRADE	f. UNIT/APO/FPO	g. SIGNATURE
----------------------	------------------------	---------------------

PART III - TO BE COMPLETED BY THE NON-DOD ELIGIBILITY OFFICER

8.a. <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. DATE <i>(YYYYMMDD)</i>	c. TYPED NAME OF NON-DOD ELIGIBILITY OFFICER <i>(Last, First, Middle Initial)</i>	d. SIGNATURE
--	----------------------------------	--	---------------------

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES FOR SY _____

(This form is to be used only if the school does not provide daily round-trip transportation and for dormitory students.)

In accordance with DoD Directive 1342.13, public transportation or private car pools may be authorized if daily transportation is not furnished by the school or through a contract. However, prior approval from the NDSP Program Manager is required. Therefore the following information must be provided:

PART I – (To Be Completed By Sponsor)

SPONSOR NAME: _____ RANK: _____ SSN: _____

HOME ADDRESS: _____

UNIT: _____ ADDRESS: _____ TEL#: _____

STUDENT(S) NAME(S) (1) _____ (2) _____ (3) _____

SCHOOL NAME: _____ ADDRESS: _____ TEL#: _____

MODE OF TRANSPORTATION: (check one)

POV ___ SUBWAY ___ BUS ___ RAIL ___ OTHER _____

POV

a. Mileage, ROUND-TRIP (home-to-school-to-home) _____

b. Number of school days per month _____

c. Total mileage per month (a x b) _____

(ONLY ONE ROUND TRIP PER DAY IS AUTHORIZED)

COMPUTATION AREA:

PUBLIC TRANSPORTATION:

a. Fare, ONE WAY to school _____

b. Number of School days _____

c. Amount of Fare per month (a x b) _____

(ONLY ONE ROUND TRIP PER DAY IS AUTHORIZED)

COMPUTATION AREA:

TRANSPORTATION BETWEEN DORMITORY AND RESIDENCE:

a. Travel Mode _____

b. Charge per ONE WAY trip _____

c. Number of ONE WAY trips _____

d. Total Cost (b x c) = _____

Three (3) round trips per school year are authorized: Beginning of school year (ONE WAY), winter break (ROUND TRIP), spring break (ROUND TRIP), and end of school year (ONE WAY).

SPONSOR'S CERTIFICATION:

In accordance with DoD Directive 1342.13, I request reimbursement for the cost of transporting my dependent(s) to and from school. The information above is applicable. I certify that government or school transportation is not available. The transportation for which reimbursement is requested is the most cost-effective means available.

SIGNATURE: _____ DATE: _____

PART II – COMMANDER'S CERTIFICATION:

(Date) _____

The information above is correct to the best of my knowledge. I recommend approval of this request for reimbursement of transportation costs.

Duty Telephone _____

Typed Name, Grade/Rank, Unit, APO _____

Signature _____

VERIFICATION OF ELIGIBILITY TO ATTEND A NON-DOD SCHOOL
SCHOOL YEAR _____

In accordance with DoD Directive 1342.13, tuition allowance for schooling is authorized for dependents of sponsors eligible for living quarters allowance and transportation to or from the duty station at Government expense. Request eligibility certification below. Failure to provide this certification along with the commander's endorsement would result in the denial of enrollment in a Non-DoD tuition-fee school at Government expense. A copy of the sponsor's PCS orders is to be attached. All members of a family may be listed on the same form. (Please print clearly.)

PART I – SPONSOR'S CERTIFICATION (Select a, b, or c below as applicable)

I, _____, assigned to _____ certify that
 (Sponsor's Name) print in capital letters (Unit)

(a) (MILITARY SPONSOR) I am serving an accompanied tour of _____ months and the student(s) listed below is/are my minor dependent(s). My dependents are authorized transportation at government expense to/or from my duty station.
 Signature _____ Date _____

(b) (CIVILIAN SPONSOR) I am a full time DoD civilian employee, assigned overseas, my dependents were transported overseas at Government expense and I am receiving Living Quarters Allowance.
 Signature _____ Date _____

(c) (NON APPROPRIATED FUND (NAF) SPONSOR) I am a full time NAF employee, assigned overseas and I am receiving Living Quarters Allowance and my dependent(s) listed below is/are authorized transportation at Government expense to and/or from CONUS.
 Signature _____ Date _____

<u>STUDENT'S NAME</u>	<u>BIRTH DATE</u> (YYYYMMDD)	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II – COMMANDER'S ENDORSEMENT

(This endorsement is to be completed by the sponsor's commander or by the servicing Personnel Officer)

This is to certify that (Sponsor's Name and Rank) _____
 Is assigned to (unit) _____
 And is serving an accompanied tour of _____ months with an expected rotation date of _____
 According to the member's service record, the above named student(s) is/are legal dependent(s) of this member and is/are eligible DoD for tuition assistance.

PRINT: Name _____ Rank _____ Title _____

Unit _____ APO/FPO _____

Signature _____ Date _____ Telephone _____

Address of Servicing Personnel Office _____

FUNDS REQUEST SHEET

SUBJECT: Non-DoD Schools Program /Americas

DATE: _____

COUNTRY: _____

STUDENT: _____

GRADE: _____

SPONSOR: _____

DSSR RATE: _____

NAME OF SCHOOL: _____

SCHOOL YEAR: _____

FISCAL YEAR: _____

NEW STUDENT _____ **RETURNING STUDENT** _____ (Check One)

Tuition: _____

Application Fee: _____

Transportation/Bus: _____

Capital Levy: _____

Tutoring: _____

Security: _____

Books: _____

Entrance Exam: _____

Field Trips: _____

Building Levy: _____

Library: _____

Other One-Time Fee: _____

Technology: _____

(For Official Use Only)

PE: _____

Matriculation: _____

Registration Fee: _____

Other (Explain Below): _____

NOTES:

Authorized By: _____
NDSP Program Manager (DDESS)

Reviewed By: _____
NDSP Program Administrator (DDESS)