

# ATTACHMENT 1

# Non-DoD Schools Program for the Americas

## Application Package

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:

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

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

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

**5. SPONSOR INFORMATION**

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

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

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

<b>h. DUTY TELEPHONE NUMBER</b>	<b>i. HOME TELEPHONE NUMBER</b>	<b>j. UNIT FAX NUMBER</b>
---------------------------------	---------------------------------	---------------------------

**k. E-MAIL ADDRESS**

**l. NAME AND LOCATION OF NEAREST DOD SCHOOL**

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

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

**PART II - TO BE COMPLETED BY THE COMMANDER**

**7. COMMANDER ENDORSEMENT**

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

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

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

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

**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 \_\_\_\_\_ COMPUTATION AREA:

- 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)

PUBLIC TRANSPORTATION: \_\_\_\_\_ COMPUTATION AREA:

- 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)

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 \_\_\_\_\_

STUDENT'S NAME	BIRTH DATE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 \_\_\_\_\_

# ATTACHMENT 2

**NON-DOD SCHOOLS PROGRAM  
FUNDS REQUEST SHEET**

COUNTRY: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

DSSR CAP: \_\_\_\_\_

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: \_\_\_\_\_

PE: \_\_\_\_\_

Matriculation: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Other (*Explain Below*): \_\_\_\_\_

(For Official Use Only)

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized By: \_\_\_\_\_  
NDSP Program Manager (DDESS)

Reviewed By: \_\_\_\_\_  
NDSP Program Administrator (DDESS)

# ATTACHMENT 3

**SUBJECT: School at Post Education Allowance for the 2008-2009 School Year**

Ref: A) Education Allowance Questionnaire (Form DS-63) dated 05/04; B) Department of State Standardized Regulations (DSSR) Sections 070, 270, and 920

STATE 00104472 001.2 OF 002

1. Every summer, many posts submit their annual education allowance questionnaires to the Office of Allowances (A/OPR/ALS) so that A/OPR/ALS can establish the "school at post" education allowance rates for the upcoming school year. Because our office is cognizant of the importance of these rates to USG families serving overseas, we issue this yearly cable to give you guidance on how to properly complete the education allowance forms. Complete forms enable us to analyze the data more quickly and help us understand the issues that parents of school-age children face.
2. All posts must use the most current version of Form DS-63, revised and updated in 2004, to submit data used to determine at post rates. The DS-63 is available on the State Department intranet site at <http://arpsdir.a.state.gov/eform/formsearch.html> . The form is also available on the internet at <http://www.travel.state.gov/Publications/publicuseforms.html> . Adobe Acrobat is necessary to access the form on the internet as it in .PDF format.
3. A/OPR/ALS will make every effort to analyze all reports in time to publish the revised school at post education allowance rates before the beginning of the 2006-2007 school year (SY). Until the annual review is completed, the rates for the 2005-2006 SY will remain in effect. These rates should be sufficient to cover the costs for the first semester of the new school year if it is necessary to process payments before the new rates are published. If the schools at your post offer a discount to the USG for paying the full year's tuition before the beginning of the school year, please let us know in a cover memo so that we may process your submission in time to take advantage of the discount.
4. A/OPR/ALS calculates the school at post education rates to cover the cost of tuition, books and supplies (when they are not included in tuition costs), daily transportation to and from school, and required allowable fees as described in DSSR Section 277.1. The education allowance rates are based on the aforementioned costs at the least expensive "adequate" school at post. For more information regarding the adequacy of a school, please contact the Office of Overseas Schools at [OverseasSchools@state.gov](mailto:OverseasSchools@state.gov)
5. Posts should submit a Form DS-63 for every school that is attended by mission children, as well as for the school on which the allowance is based, (also known as the base school) regardless of whether that school is attended by any children of USG employees. Officers who do not know which school is the base school can refer to the Office of Allowances intranet website at [http://aoprals.a.state.gov/content/Archives/base\\_school.asp](http://aoprals.a.state.gov/content/Archives/base_school.asp) .

6. To ensure that your education allowance submission is complete, carefully follow the instructions on the form and answer all sections in full. Please attach the following documentation to your application:

A. The school's 2006-2007 calendar. This calendar STATE 00104472 002.2 OF 002 should list the beginning and ending dates for each semester or term. (Question 7)

B. A chart or memo explaining age and grade equivalencies if the local grade levels differ from the K-12 system used in U.S. public schools. (Question 8) Please note that kindergarten is defined as the year immediately preceding first grade. The education allowance can not/not be used to pay for pre-kindergarten or the first year of a two year kindergarten program.

C. The school's 2006-2007 fee statement. This fee statement should include all costs, specified by grade, charged for International Baccalaureate (IB) courses, Advanced Placement (AP) courses, books and supplies, computer usage, required school fees, and local transportation to and from school. (Questions 9-11)

--Only include expenses for books and supplies if the school charges a separate fee for those books and supplies that would normally be provided free of charge in U.S. public schools. (Question 9)

--Provide a description of the methods of transportation available to mission children attending the school in addition to cost information. If the only means of transportation available is by privately owned vehicle (POV), provide the distance, in miles, of a one-way trip between the student's home and school. If carpools are utilized, provide the one-way distance between the farthest pick-up point and the school. (Question 9)

--If tuition costs include either mandatory or optional field trips, the respective costs must be reported separately. Please note that the Office of the Legal Adviser has ruled that expenses for overnight field trips may not/not be reimbursed. However, if included in the tuition, short, one-day local trips, similar to what a student could receive free of charge in a U.S. public school, may be reimbursed. (Question 10)

--Define or explain all fees listed on the fee statement, e.g., special services fees, AP or IB exam fees, supplementary service fees, capital fund, and certificates of entitlement. State whether each fee is an annual or a one-time expense and whether it is refundable. (Question 11)

D. The school's 2006-2007 catalog, including a detailed description of the curriculum.

7. Post should use the following address to mail or pouch reports:

Office of Allowances (A/OPR/ALS), Room  
L-314, SA-01, U.S. Department of State,  
Washington, D.C. 20522-0103.

The courier address is:  
Department of State, Office of Allowances,

2401 E Street, N.W., Room L-314  
Washington, D.C. 20522-0103.

Our fax numbers are: 202-261-8707 or 8708.

8. For further assistance, please contact the Office of Allowances team supervisor for your region. Audrey Thurman, the team supervisor for AF, CA, WHA, and Eastern European posts, can be reached at 202-261-8717 or [ThurmanAE@state.gov](mailto:ThurmanAE@state.gov) . Joyce McNeil, the team supervisor for NEA, SA, EAP, and Western European posts, can be reached at (202) 261-8704 or [McneilJM2@state.gov](mailto:McneilJM2@state.gov) .

RICE

BT

#4472

# ATTACHMENT 4



U.S. DEPARTMENT OF STATE  
Office of Allowances  
**Education Allowance Questionnaire**

**INSTRUCTIONS**

The information provided in this questionnaire is used to determine the "school at post" education allowance rates. Guidance on reporting is contained in the Department of State Standardized Regulations (DSSR) Section 072. The completed questionnaire should reflect the educational costs of attending the school at post as they pertain to the majority of eligible U.S. Government (USG) civilian employees with school age children.

- Report all costs in the currency used for payment and specify the currency.
- Do not include discounts given to parents for enrolling more than one child in the same school.
- Sign and date this report to certify completion in accordance with Chapter 270 of the DSSR.
- Submit a separate DS-63 report for each school where USG dependents attend.

**SUBMITTING THE REPORT:**

- (a) **All locations and posts** should attach fee statements, catalogs, calendars, transportation invoices, and any other documentation supporting costs to the signed original of this report.
- (b) **Department of State posts** should submit the signed original of this report directly to the Department of State, Office of Allowances:
- |   |  |
|---|--|
| <b>U.S. Department of State</b>         | <b>Copies of this report may be sent in advance via fax or email to:</b> |
| <b>Office of Allowances (A/OPR/ALS)</b> | <b>Fax: 202-261-8707</b>   |
| <b>2401 E Street, N.W.</b>              | <b>Email: AllowancesO@state.gov</b>                                      |
| <b>Washington, D.C. 20522-0104</b>      |  |
| <b>Rm. L-309, SA-1</b>                  |  |
- (c) **Non-Department of State locations** that are not under the authority of the U.S. Mission should submit the signed original of this report to the Department of State, Office of Allowances through their parent agency's headquarters.



10. Report the costs in the currency used for payment and specify the currency for each field trip included in basic tuition for the current school year. Provide a description for each field trip. Include information regarding the location or destination of the field trip.

Field Trips			
Description	Location/Destination	Applicable Grade(s)	Cost
<i>Example:</i>			
<i>Trip to the Tokyo Science Museum</i>	<i>Tokyo, Japan (Local Trip)</i>	<i>5-6</i>	<i>Yen 400</i>

11. Itemize and report all other required fees in the currency used for payment and specify the currency (e.g., building fees, registration fees, matriculation fees, laboratory fees, and/or admission fees, per DSSR 274.12e). Indicate whether the fee is annual or one-time, and if it is refundable or non-refundable. Do not report fees that are included in basic tuition.

Required Fees						
Type	Applicable Grade(s)	Cost	Annual	One-time	Refundable	Non-Refundable
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Example:</i>						
<i>Registration Fee</i>	<i>12</i>	<i>Yen 300,000</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. Provide the exchange rate for each currency reported in questions 9, 10, and 11.  
 Exchange Rate per U.S. Dollar:  
 Date (mm-dd-yyyy):

13. **Comments:** (Provide comments to support any responses that may need further explanation.)

I certify that this report has been completed in accordance with the Department of State Standardized Regulations (DSSR) and that all fee statements, catalogs, calendars, transportation invoices, and any other documentation supporting costs have been attached.

Name and Title of Approving Officer		Signature of Approving Officer	
Name: Title:			
Agency	Contact Information	Date	
	Telephone: Email:		

ATTACHMENT 5

# The Non DoD School Program Liaison Information Sheet

(Please print)

LIAISON  
FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

RANK/ TITLE: \_\_\_\_\_

SENDING ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COMMERCIAL PHONE NUMBER: \_\_\_\_\_

DSN PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMMANDER'S NAME: \_\_\_\_\_

CDR'S PHONE NUMBER: \_\_\_\_\_

BUDGET OFFICER

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHERS WHO HELP PROCESS NDSP PAYMENTS: \_\_\_\_\_