

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION (SY 08-09)**

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

SPONSOR'S NAME :

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 (08-09)
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

2a. 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

3a. 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 Enrollment Code: _____	23. Local Use Certification Letter for SY 08-09 on file/verified ____ / ____		

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 (MMMDDYYYY)	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 (MMMDDYYYY)	40. Registrar's Initials (School)	41. Date (MMMDDYYYY)	
30. Reserved	31. Reserved	42. Reserved		
32. Local Use	33. Local Use	43. Local Use		

**DOMESTIC DEPENDENT ELEMENTARY AND SECONDARY SCHOOLS (DDESS)
PUERTO RICO DISTRICT**

Supplemental DoDEA Form 600 – School Year 2008-2009

SCHOOLS: AES (PK-3RD) AIS (4-5TH) AMS (6-8TH) AHS (9-12TH) Ramey (PK-12TH)

PRIVACY ACT STATEMENT: Pursuant to the authority of the provisions of Public Law Act 93-550 of 1974, all information collected by DDESS Puerto Rico District will be used to confirm identity and facilitate internal processing of information. Disclosure of Social Security Numbers and other information is voluntary. However, failure to furnish the information requested may result in a delay or impair the registration process.

Sponsor/Parent Information		<input type="checkbox"/> Military	<input type="checkbox"/> Federal Civilian	
Last Name	First Name	MI	Rank or Civil grade	SSN
Name/Mailing Address of Military Unit		Name/Mailing Address of Civilian Agency		
Unit Commander's Name/Rank		Civilian Supervisor's Name		Work Phone
Check one				
<input type="checkbox"/> I reside on-base – name of base: _____ <input type="checkbox"/> I reside off-base				
Home of Record of Father: _____ Home of Record of Mother : _____				

Student's Information					
Last Name	First Name	Middle Name	GRADE (08-09)	First year attended DDESS	Relationship to Sponsor

SCHOOL ATTENDED LAST YEAR

NAME: _____ **LOCATION:** _____

Military Recruiters/Opt-out Provisions: I _____ have a high school student enrolled in the DDESS
(print name of parent)
PR District Schools and I **do not** wish to disclose student directory information to military recruiters: _____
(signature of parent)

____ I am Active Duty and my current orders will expire _____
(date) (initials)

____ I am a Reservist on mobilization orders and my current orders will expire _____
(date) (initials)

____ I am a National Guard Reservist on mobilization orders and my current orders will expire _____
(date) (initials)

If my orders change/terminate **before** the start of SY 2008-2009, I will notify the registrar immediately. _____
(signature)

Please read statement and sign below. Requires signature of sponsor. Spouses can sign this form only if they provide a copy of a power of attorney (POA), or sponsor is deployed or on an unaccompanied tour.

I certify that the student(s) listed on DoDEA Form 600, and on this form, is/are my legal dependent(s) and currently resides with me at the address provided on DoDEA Form 600. I further certify that the information provided is true and correct.

Sponsor's Signature

Date