

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

Supplemental DoDEA Form 600 – School Year 2009-2010

SCHOOLS: AES (PK-4th) AMS (5-8TH) 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.

a. Sponsor/Parent Information **Military** **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	

b. Student's Information

Last Name	First Name	Middle Name	GRADE (09-10)	First year started with DDESS PR	Sponsor Relationship

c. 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 2009-2010, 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).

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 my residence. I further certify that the information provided is true and correct.

Sponsor's Signature

Date