

**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. See supplemental sheet for assistance.

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
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 Employer (Optional)		14. Spouse's Duty Ph.
15. Mailing Address (e.g. APO/FPO) (If different from Physical)		16. Physical Quarters Address (Street, City, State, Zip Code)		
17. Cell Phone	18. Pager Number	19. Email Address		
20. Reserved	21. Reserved	22. Local Use		

SECTION III – LOCAL EMERGENCY CONTACT INFORMATION

23. Emergency Contact Name (Not Sponsor or Spouse)	24. Contact Duty Phone	25. Contact Home Phone
26. Emergency Contact Address (During Day)	27. Doctor's Name (If not Military Clinic)	28. Doctor's Phone Number

SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION

29. Contact Name	30. Contact Home Phone
31. Contact Address	32. 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.		40. First Day Student Starts School (MMMDDYYYY)	41. 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.			
33. Exceptions (If none, enter NONE)		42. School Name	
		43. Orders on File / Verified	Y N
		44. Birth Date Verified	Y N
		45. Reserved	Y N
34. Signature of Sponsor	35. Date (MMMDDYYYY)	46. Registrar's Initials	47. Date (MMMDDYYYY)
36. Reserved	37. Reserved	48. Reserved	
38. Local Use	39. Local Use	49. Local Use	