

**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. Relationship to Sponsor	k. Sponsor Branch of Service
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Home Email Address		q. Previous DoDEA Student ? Y N	r. SRI

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. Relationship to Sponsor	k. Sponsor Branch of Service
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Home Email Address		q. Previous DoDEA Student ? Y N	r. SRI

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. Relationship to Sponsor	k. Sponsor Branch of Service
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Home Email Address		q. Previous DoDEA Student ? Y N	r. SRI

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/Unit		9. Address 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. Sponsor's Cell Phone	18. Pager Number	19. Duty Email Address		
20. Spouse's Cell Phone	21. Reserved	22. Spouse's Work Email Address		
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				
<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>		40. First Day Student Starts School (MMDDYYYY)	41. DoDAAC	
33. Exceptions (If none, enter NONE)		42. School Name QUANTICO MIDDLE/HIGH SCHOOL		
		43. Housing Orders Y N		
		44. Birth Certificate Y N		
		45. School Physical/ Y N		
49. Custody Papers (If Applicable)	Y N	46. Shot Record Y N		
51. Signature of Sponsor/Parent	52. Date (MMDDYYYY)	47. School Records Y N		
53. Registrar's Initials	54. Date (MMDDYYYY)	48. SPED Records Y N		