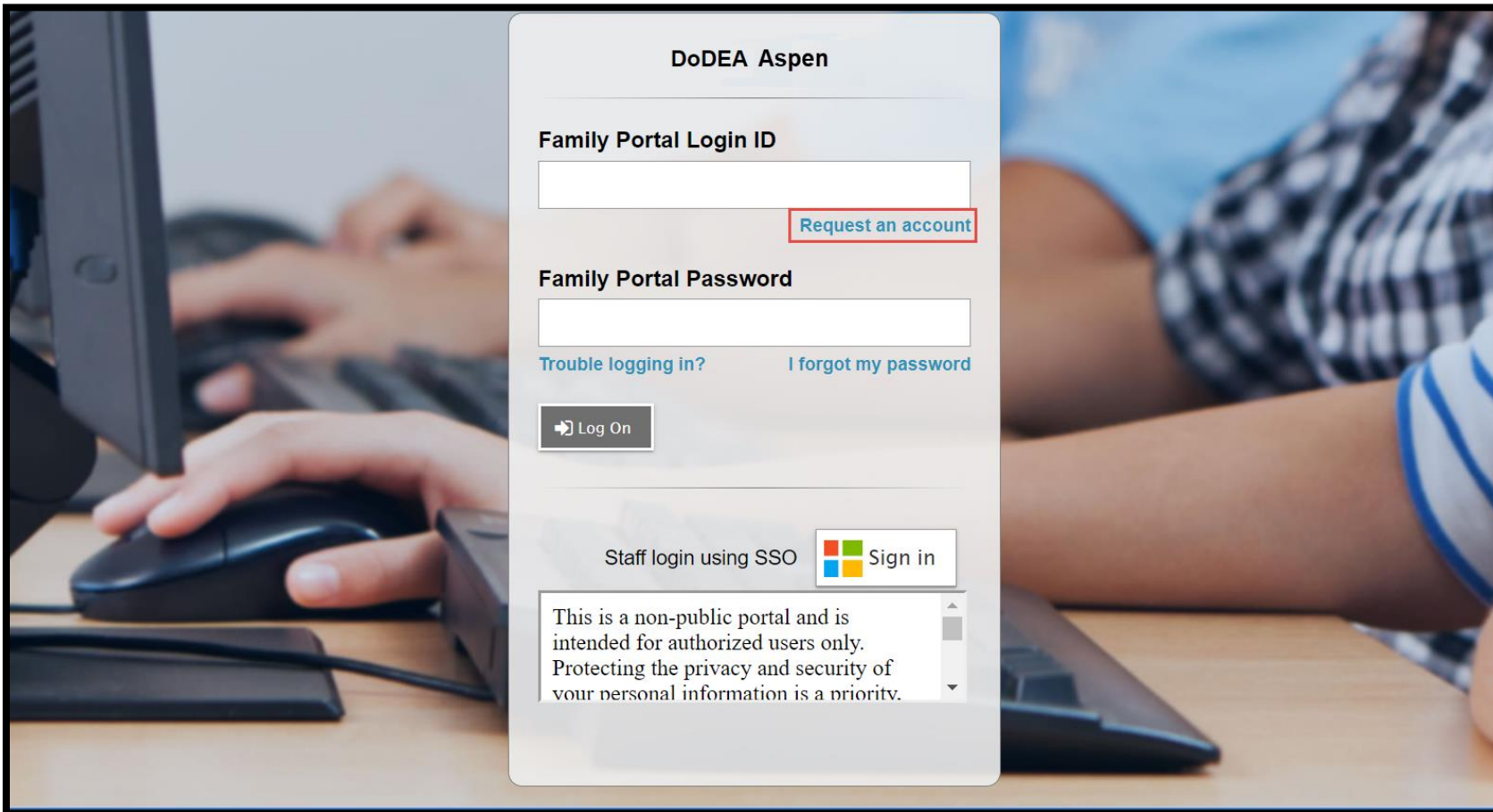


**New Student (Online)
Registration:
The parent's perspective**



Family Portal View



DoDEA Aspen

Family Portal Login ID

[Request an account](#)

Family Portal Password

[Trouble logging in?](#) [I forgot my password](#)

Staff login using SSO

This is a non-public portal and is intended for authorized users only. Protecting the privacy and security of your personal information is a priority.

- Parents will access the portal at:
<https://dodeasis.myfollett.com/aspens>
- The parent needs an Aspen user account to log in to the application.
- If they do not have an Aspen account yet, they click the **Request an Account** link.



Requesting an Account


Account Type

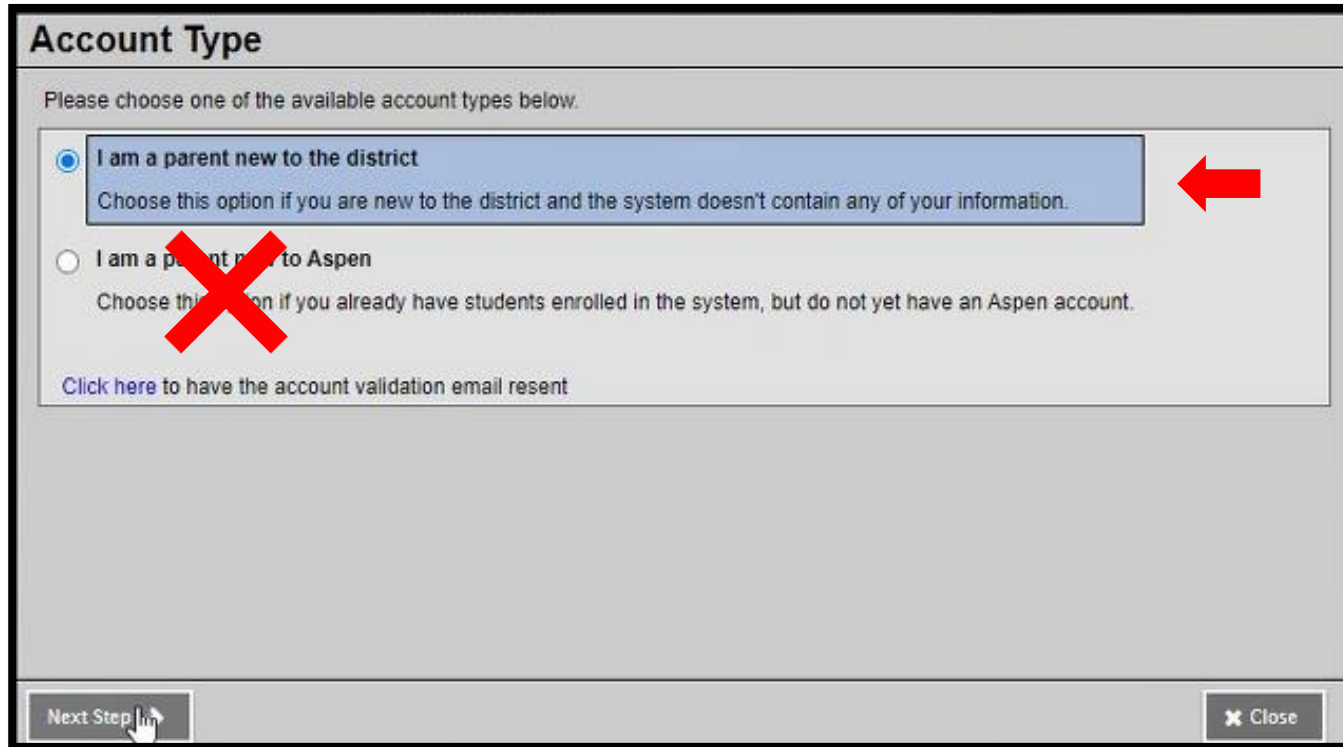
Please choose one of the available account types below.

I am a parent new to the district
Choose this option if you are new to the district and the system doesn't contain any of your information.

I am a parent new to Aspen
Choose this option if you already have students enrolled in the system, but do not yet have an Aspen account.

[Click here](#) to have the account validation email resent

Next Step  Close



- After clicking the link, the Account Type pop-up appears.
- The parent clicks **I am a parent new to the district**, and then clicks **Next**.



Requesting an Account (continued)

Personal Information

Please fill in the requested data below.

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Complex *	<input type="text" value="v"/>

← Previous Step Next Step → ✕ Close

The parent enters their information, and then clicks **Next Step**.



Requesting an Account (continued)

Account Information

Please fill in your user account information below.

Primary email *	<input type="text"/>
Confirm email *	<input type="text" value="elaine.pyle"/>
Password *	<input type="password" value="*****"/> Requirements
Confirm Password *	<input type="password"/>
Security question *	<input type="text" value="What are the last 4 digits of your SSN?"/> ▼
Security answer *	<input type="text"/>
Confirm answer *	<input type="text"/>

← Previous Step **Create My Account** × Close

- The parent enters additional contact information, creates a password, and selects/answers a security question.
- The parent clicks **Create My Account**.
- When the account is created, the parent is notified via email.



Logging in to the Parent Portal

DoDEA Aspen

Family Portal Login ID

[Request an account](#)

Family Portal Password

[Trouble logging in?](#) [I forgot my password](#)

←

Staff login using SSO

This is a non-public portal and is intended for authorized users only. Protecting the privacy and security of your personal information is a priority.

Then, when the parent returns to the Login screen, they enter their credentials and click **Log On**.





**Initial registration:
The parent's perspective**



New Student Registration Widget

- When the parent logs in to Aspen, they are brought to their homepage (the **Pages** tab).
- To register a student, the parent locates the **New Student Registration** widget on the homepage, and then clicks the **Initiate** button.

The screenshot displays the Aspen homepage interface. On the left, there is a sidebar with navigation options: 'Pages', 'Home' (with a house icon), and 'Page Directory'. The main content area is divided into several sections:

- Announcements**: A green header bar with an 'Edit' link on the right.
- School Links**: A green header bar with an 'Edit' link on the right.
- Survey**: A green header bar with a dropdown menu set to 'Current' and a 'New' link. Below it is a table with columns: Title, StartDate, EndDate, Edit, Results, and Status.
- New Student Registration**: A green header bar with an 'Edit' link on the right. Below it is a white box containing the text 'Start a new New Student Registration workflow' and a '+ Initiate...' button. This entire section is highlighted with a red rectangular box.
- Tasks**: A green header bar with an 'Edit' link on the right. Below it is a dropdown menu set to 'Open Tasks' and a '+ Initiate...' button with a red 'X' over it. Below this is a table with columns: Received, Workflow, Task, and Subject. The table content shows 'No Tasks'.

The Start Tab

Start	Student	School	Sponsor/Contacts	Language	Health	Home Based Screening	Services	Consents & Authorizations	Internet & IT	Release of Records	Documents	Submit
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AGENCY DISCLOSURE NOTICE (ADN)

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, by emailing whs.mcalex.esd.mbx.dd-dod-information-collections@mail.mil. [OMB Control Number: 0704-0495] Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE(S): To obtain information necessary to enroll students, administer school operations, and protect student health and welfare in DoD operated dependent educational programs. Completed forms are covered by the DoDEA Dependent Children's School Program Files SORN located at <http://privacy.defense.gov/notices/DODEA26.shtml>

ROUTINE USE(S): To Federal, State and local government officials to protect health and safety in the event of emergencies. The DoD Blanket routine Uses found at http://privacy.defense.gov/blanket_uses.shtml also apply to this collection.

DISCLOSURE: Voluntary; however, failure to disclose the information collected on this form may delay and/or prevent the enrollment of a child and/or the delivery of educational and emergency services.

Instructions

RETURN COMPLETED FORM TO THE SCHOOL WHERE THE STUDENT IS ENROLLING.

This form is completed by the sponsor, who is a parent or legal guardian, to request enrollment of his/her dependent(s) at a DoDEA school. A dependent is a minor individual who has not completed secondary schooling and who is the child, stepchild, adopted child, ward or spouse of the sponsor. The information collected is used internally to determine the student's eligibility to enroll on a tuition-free or tuition-paying basis, and whether the student is space-required or space -available. It is also used to ensure that DoDEA makes available the appropriate classrooms, staffing, and supportive educational services, places students in the appropriate grade, identifies students with special needs, and to ensure compliance with laws protecting student rights. Detailed instructions may be found on page 3 of this form.

Please complete each of the tabs, and then "Submit" when finished. If you need to stop and come back later, select "Save & Close".

School Year Selection

To begin registration, select a school year below: *

2021-2022F

- The parent enters information on a series of tabs.
- **Start** is the first tab. On this tab, the parent selects the school year they are registering their student for and other information. Some fields are required.



The Start Tab (continued)

Instructions

RETURN COMPLETED FORM TO THE SCHOOL WHERE THE STUDENT IS ENROLLING.

This form is completed by the sponsor, who is a parent or legal guardian, to request enrollment of his/her dependent(s) at a DoDEA school. A dependent is a minor individual who has not completed secondary schooling and who is the child, stepchild, adopted child, ward or spouse of the sponsor. The information collected is used internally to determine the student's eligibility to enroll on a tuition-free or tuition-paying basis, and whether the student is space-required or space -available. It is also used to ensure that DoDEA makes available the appropriate classrooms, staffing, and supportive educational services, places students in the appropriate grade, identifies students with special needs, and to ensure compliance with laws protecting student rights. Detailed instructions may be found on page 3 of this form.

Please complete each of the tabs, and then "Submit" when finished. If you need to stop and come back later, select "Save & Close".

School Year Selection

To begin registration, select a school year below: *

2022-2023

All your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

- If the parent needs to pause at any time and resume later, they can click **Save & Close**.
- The parent clicks **Next** after each tab is complete.



The Student Tab

Start **Student** School Sponsor/Contacts Language Health Home Based Screening Services Consents & Authorizations Internet & IT Release of Records Documents Submit

Student Information

Legal Name	Preferred name	<input type="text"/>
First *	Passport #	<input type="text"/>
Middle	Passport Expiration	<input type="text"/>
Last *		
Suffix		
Sex *		

Student Phone Information

Enter the student cell number. Sponsor/Spouse contact numbers will be entered on the next page.

Student Cell#

Age and Grade Level

Enter the student's date of birth, which will determine the grade for the school year.

Date of birth *	<input type="text" value="7/15/2014"/>	Age 7
Age as of Sept 1	8	
Grade level *	03	
Adjusted grade level		

If you changed your student's grade level, please explain the reason.

- The parent enters the child's name, date of birth, and other information on this tab.
- Parent can change the grade level, if needed, and provide an explanation.



The Student Tab (continued)

Ethnicity and Race

The Federal Government requires that both of the following questions be answered and provides only the following categories for ethnic group and race.

Is the student Hispanic or Latino? *

- No
 Yes

What is the student's race? *

- Amer Ind/Alaskan Native Asian Black/African American Hawaiian/Oth Pac Island White

Student Language

Primary language used at home: *

What language is most often spoken by the student? *

What is the language that the student first acquired? *



The Student Tab (continued)

- The parent clicks **Next** to navigate to the next tab.

Student Health Information

The requested information is for use in an emergency and to ensure compliance with immunization requirements.

Physician or Medical Facility Name

Physician or Medical Facility Telephone Number (include area code or DSN)

Student Health History (Check)
You are required to provide student health information. Checking this box, you are acknowledging that you will provide this information on the health tab of this registration.

Yes I have provided school officials with the DoDEA Form 1 SHSM H-1-1 "Student health History"

Immunizations (Only for new students) Has *

Select "Has", if you have provided a copy of the students immunization record.
Select "Will", if you will be providing a copy of the immunization record as soon as possible.

There is a provision allowing a 30-calendar day grace period to meet immunization requirements for school registration.

Does the student have a health condition requiring possible emergency care? No *

If yes, specify:



The School Tab

Start Student **School** Sponsor/Contacts Language Health Home Based Screening Services Consents & Authorizations Internet & IT Release of Records Documents Submit

School Selection

Select the assigned school based on where you live. For information, please contact the DoDEA District office or your School Liaison Officer. If the student is eligible on a space-available basis, the school will contact you for additional requirements.

Select a different school location if the current school location is not correct.

School Location: Rucker

Required: Select the school appropriate for your address

Selected: **Fort Rucker Elementary School**

	Military Installation	Requested School	StartGrade	End Grade
<input type="radio"/>	Fort Rucker	Ellis D. Parker Elementary School	K	06
<input checked="" type="radio"/>	Fort Rucker	Fort Rucker Elementary School	K	06

← Previous Save & Close Next → × Cancel

- The parent selects the child's school based on where they live.
- If the parent changes the school location, the school list changes.
- The parent clicks **Next** to navigate to the next tab.



The Sponsor/Contacts Tab

Start Student School **Sponsor/Contacts** Language Health Home Based Screening Services Consents & Authorizations Internet & IT Release of Records Documents Submit

Sponsor/Spouse Contact Information

Click on your name to complete your information, then select **Add** to add a sponsor or spouse. You must add or update the student's sponsor in the list below..

	First Name	Last Name	Relationship	Home phone	Work/Duty phone	Cell phone	Email
<input type="checkbox"/>							

Add **Delete**

Preferred Email

PREFERRED EMAIL ADDRESS (School Correspondence) Please enter the email address where you would like to be contacted even if you already entered this email for the Sponsor or Spouse.

Primary Email Address	Secondary Email Address
No matching records	

Add **Delete**

Emergency Contacts

The person(s) identified in this section should be an adult who can take responsibility for the parent(s). This person(s) will be contacted if there is an emergency and the sponsor/spouse cannot be contacted. I permit the dependents that I am registering with this form to be released to the emergency contact(s) identified in this section if I or my spouse are not available.

First Name	Last Name	Relationship	Home phone	Work/Duty phone	Cell phone
No matching records					

Add **Delete**

- On this tab, the parent clicks their name to complete their contact information.
- The parent can enter information for a sponsor or spouse by clicking **Add**.



The Sponsor/Contacts Tab (continued)

Sponsor or Sponsor's Spouse

By selecting either Sponsor or Spouse, certain fields will grey out. You will only be required to fill out the available fields (in white).

Select Sponsor or Spouse in the "Select Contact Type" dropdown by clicking on the down arrow.

Select Contact Type:

Title (Mr./Mrs./Rank)	<input type="text"/>	Branch of Service/Pay Grade (Ex E1/01/GS-1)	<input type="text"/>
First name *	<input type="text" value="DoDEA"/>	Rotation/Departure date	<input type="text"/>
Middle name	<input type="text"/>	Rotation/departure date (DEROS/PRD)	<input type="text"/>
Last name *	<input type="text" value="Contact"/>	Organizaiton/Unit	<input type="text"/>
Relationship *	<input type="text" value="Spouse"/>	Military Installation (City/Country of Assignment)	<input type="text"/>
Allow portal access?	<input type="text" value="Yes"/>	<u>Are both the sponsor and spouse active duty military?</u>	
Receives email	<input type="text" value="Yes"/>	Dual military	<input type="text" value="Yes"/>

* Please select "Verify" to ensure you have filled out all required fields.

Email Address

Primary email *

Phone Information

Enter at least one phone number

Home phone	<input type="text"/>
Work/Duty phone	<input type="text"/>
Cell phone	<input type="text"/>

Telephone Numbers include + and country code in all telephone numbers listed :
(Ex. US Number +001 202-555-5555)
International: + Country Code Area Code Phone Number
(Ex: +44-20-123-4567)

- The parent can enter information for a sponsor or spouse using the **Select Contact Type** drop-down.
- After entering this information, they use the **Verify** drop-down to ensure they have completed all required fields.



The Sponsor/Contacts Tab (continued)

Sponsor or Sponsor's Spouse

By selecting either Sponsor or Spouse, certain fields will grey out. You will only be required to fill out the available fields (in white).

Select Sponsor or Spouse in the "Select Contact Type" dropdown by clicking on the down arrow.

Select Contact Type:

Title (Mr./Mrs./Rank)	<input type="text"/>	Branch of Service/Pay Grade (Ex E1/01/GS-1)	<input type="text"/>
First name *	<input type="text" value="DoDEA"/>	Rotation/Departure date	<input type="text"/>
Middle name	<input type="text"/>	Rotation/departure date (DEROS/PRD)	<input type="text"/>
Last name *	<input type="text" value="Contact"/>	Organizaiton/Unit	<input type="text"/>
Relationship *	<input type="text" value="Spouse"/>	Military Installation (City/Country of Assignment)	<input type="text"/>
Allow portal access?	<input type="text" value="Yes"/>	<u>Are both the sponsor and spouse active duty military?</u>	
Receives email	<input type="text" value="Yes"/>	Dual military	<input type="text" value="Yes"/>

* Please select "Verify" to ensure you have filled out all required fields.



The Sponsor/Contacts Tab (continued)

Emergency Contacts

The person(s) identified in this section should be an adult who can take responsibility for the parent(s). This person(s) will be contacted if there is an emergency and the sponsor/spouse cannot be contacted. I permit the dependents that I am registering with this form to be released to the emergency contact(s) identified in this section if I or my spouse are not available.

First Name	Last Name	Relationship	Home phone	Work/Duty phone	Cell phone
No matching records					

+ Add

🗑 Delete

All your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

← Previous

📄 Save & Close

Next →

✕ Cancel

- Local/stateside emergency contacts are added in the bottom section of this tab.
- Click **Next** to continue.



The Language Tab

Start	Student	School	Sponsor/Contacts	Language	Health	Home Based Screening	Services	Consents & Authorizations	Internet & IT	Release of Records	Documents	Submit
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ESL Home Language Questionnaire

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a.
Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at [Click here](#)

1. What language is commonly spoken in your home? *

2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)

If yes: What language is spoken?

3. What language did your child use when he/she first began to talk?

4. Has your child attended English speaking schools?

If Yes: How many years?

- The parent enters information about the child's home language.



The Language Tab (continued)

5. What language does your child read and/or write?

6. What language do you most often use when speaking with your child? *

7. What language does your child use most often when speaking to you? *

8. If your child is cared for by another person on a regular basis, what language is most often used? *

9. Do you as a parent need to communicate with the school in a language other than English?

If yes, what language?



The Language Tab (continued)

8. If your child is cared for by another person on a regular basis, what language is most often used? *

9. Do you as a parent need to communicate with the school in a language other than English?

If yes, what language?

If based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.

AND


2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

Parent Signature

By typing my name, I affirm that the information submitted on this form is correct. Please type your full name and today's date here:

Sponsor/spouse full name *

 Date



The Health Tab

Start	Student	School	Sponsor/Contacts	Language	Health	Home Based Screening	Services	Consents & Authorizations	Internet & IT	Release of Records	Documents	Submit
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DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT HEALTH HISTORY

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350- 3100 (0704-0495). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. section, 2164 (Department of Defense Domestic Dependent Elementary and Secondary Schools) and 20 U.S.C. sections 921-932 (Defense dependents' education system). **PRINCIPAL PURPOSE:** Obtain health related information about a student enrolling or enrolled in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and promote a safe school environment. Determine services to be provided for a student in an equal opportunity to participate in public education. **ROUTINE USES:** DoDEA may release information without prior consent within the Department of Defense (DoD) when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a (b) (1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a (b) (2-12), and the "Blanket Routine Uses," published at <https://dpclid.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses.aspx>. Examples of release may include for valid medical, law enforcement or security purposes or for use in litigation involving the DoD. **DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the delay or denial of student services.

MEDICAL HISTORY: SELECT ALL THAT APPLY AND EXPLAIN BELOW OR ATTACH ADDITIONAL PAGE(S).

You are required to provide student health information. Yes below indicates that you will provide this information on the health tab of this registration.

ALLERGIES

None Insect sting (bee/wasp/ant) Drug/Medication* Environmental Food* Seasonal Other

If "Other" has been selected, please explain:

Name Allergen



The Health Tab (continued)

EYES

None Glasses/contact lenses Wears glasses full time Glasses for reading Color deficiency Others

If "Other" has been selected, please explain:

EARS

None Frequent ear infections Hearing loss - Right Hearing loss - Left Hearing aid - Right Hearing aid - Left Ear Tubes - Both Ear Tubes - Right Ear Tubes - Left Other

If "Other" has been selected, please explain:

Date Ear Tubes Placed:



DENTAL

Braces?

If "Other" has been selected, please explain:

NEUROLOGIC

None Cerebral palsy Concussion Frequent headaches Migraine Seizure Spina bifida Sleep disorder Other

If "Other" has been selected, please explain:

ENDOCRINE

None Diabetes Thyroid Other

If "Other" has been selected, please explain:

SKIN/DERMATOLOGY

None Acne Eczema Ingrown toe nail Other

If "Other" has been selected, please explain:



The Health Tab (continued)

RESPIRATORY

None Asthma Inhaler Needed at Home Inhaler Needed at School Bronchitis Cystic fibrosis Pneumonia Sinusitis TB Other

If "Other" has been selected, please explain:

Asthma Date Diagnosed:

CARDIOVASCULAR

None Congenital heart defect Needs special care Congenital heart defect Does Not need special care Enlarged heart Heart murmur Rheumatic heart disease Hemophilia Sickle cell disorder Hypercholesterolemia High blood pressure Other

Other

Congenital heart defect-Specify care:



GASTROINTESTINAL

None Frequent constipation Irritable bowel syndrome (IBS) Hernia Lactose intolerant ** Other

If "Other" has been selected, please explain:

MUSCULOSKELETAL

None Muscular dystrophy Scoliosis Other

If "Other" has been selected, please explain:



The Health Tab (continued)

GENITOURINARY

None Bladder control problem Intermittent catheterization Self cath./needs help Needs frequent bathroom use Urinary tract infections Other

If "Other" has been selected, please explain:

PSYCHOSOCIAL

None ADHD Anxiety Autism Depression Eating disorder Self-harm / cutting Suicidal thoughts / attempt Other

If "Other" has been selected, please explain:

ADHD Date Diagnosed:

Anxiety Date Diagnosed:

MEDICATION

* Please see the school nurse for information regarding medication at school. Certain forms (H-3-2 and/or H-3-9) need to be signed by prescribing Primary Care Manager (PCM)/doctor and sponsor/parent/guardian. All medications will be in the original container and pharmacy label with the student's name. Medications will remain at school for the duration of the treatment/prescription.

* My dependent will need medications during school hours for the treatment of:

* My dependent may need emergency medication during school hours for:

Identify any condition that warrants daily, as needed, and/or emergency administration of medicine for your dependent and list all medications:



The Health Tab (continued)

Health Care Treatment, Restrictions		** Lactose Intolerant
Identify any special health care procedures that your dependent may require during the school day:	Identify any condition that warrants a restriction of student activity; specify the nature and duration of the limitation and any other information that would help the school assist your dependent:	A written note is required from the PCM/doctor stating that student is lactose intolerant.
<input type="text"/>	<input type="text"/>	
<p>Please provide additional information if needed to ensure your dependent's welfare and safety during school days. Attach an additional page if needed. Contact the school nurse for any health concerns regarding your dependent.</p>		
Signature Block		
<input type="text"/>	Sponsor/spouse full name *	
<input type="text"/>	Date	
<p>All your changes are saved when you click the Next or Previous buttons. You may click Save & Close at any time to come back later to complete this form.</p>		
← Previous	Save & Close	Next →
✕ Cancel		



The Home-Based Screening Tab

Start	Student	School	Sponsor/Contacts	Language	Health	Home Based Screening	Services	Consents & Authorizations	Internet & IT	Release of Records	Documents	Submit
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Home-Based Screening Acknowledgement

Sponsors and Caregivers: This short check of your student must be completed each morning before they leave for school.

Section 1: Symptoms to Check Each Morning

If your student has any of the following symptoms, they might have an illness that can spread to others (for those with chronic conditions, check a symptom only if it has changed from usual or baseline health):

- Fever or feeling feverish (such as chills, sweating)
- Cough
- Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
- Sore throat
- Muscle aches or body aches
- Unusual fatigue
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Section 2: Exposure to COVID-19

Please answer these questions before sending your student to school each day

- Has your student had close contact with someone with COVID-19?
- Has your student traveled or arrived from an area where the local, territorial, or state health department is reporting large numbers of COVID-19 cases or are in HPCON C or D



The Home-Based Screening Tab (continued)

After completing the short check of your student's symptoms and potential exposure to COVID-19, please see the following guidance about whether or not your student should attend school that day.

If YES response to any of the symptoms (Section 1) and NO response to the questions about exposure to COVID-19 (Section 2):

- The student should stay home until their symptoms have improved, at least 24 hours after they no longer have a fever or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine (e.g., acetaminophen or ibuprofen).

If YES response to any of the symptoms (Section 1) and YES response to either of the questions about exposure to COVID-19 (Section 2):

- Consult with healthcare provider.
- Consult with local public health officials for potential testing and evaluation as a possible close contact.
- Follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.

If NO response to all of the symptoms (Section 1) and YES response to either of the questions about exposure to COVID-19 (Section 2):

- Consult with local public health officials for potential testing and evaluation as a possible close contact.
- Follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.

Acknowledge

Yes ▾

Parent Signature


Student Sponsor/Guardian Acknowledgement: I acknowledge that I have read and fully understand the DoDEA Home-based Screening Protocol and agree to conduct the pre-screening daily before sending my student into a DoDEA school.

Sponsor/spouse full name *

 Date *

All your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

← Previous

 Save & Close

Next →

✕ Cancel



The Services Tab

Start	Student	School	Sponsor/Contacts	Language	Health	Home Based Screening	Services	Consents & Authorizations	Internet & IT	Release of Records	Documents	Submit
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EDUCATIONAL PRE-SCREENING QUESTIONNAIRE

AUTHORITY: 10 U.S.C. 2164, 20 U.S.C. 921-932; and DoD Directive 1342.20
PRINCIPAL PURPOSE: The information will be used within the Department of Defense (DoD) Education Activity and DoD to determine Educational programs and interventions required to meet individual student needs. This includes programs identified for students receiving gifted education, special education, 504-disability or at risk services.
ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 USC 552a(b)(3) and the DoD "Blanket Routine Uses," described at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices, located at: <http://www.defenselink.mil/privacy/notice/osd> and the DoDEA routine uses found in SORN 26.
DISCLOSURE: Disclosure to the DoD of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

To better understand the educational needs of your child, please complete. Sponsors or parents are asked to answer all questions and sign the form.

1. Gifted Education

a. Has your child been formally assessed for Gifted Education: *

b. My child was found eligible:

2. At Risk Services:

Did your child attend Sure Start or Head Start? *

Has your child received remedial reading services? *

Has your child received remedial math services? *



The Services Tab (continued)

3. Individual Education Program (IEP):

a. Has your child been previously assessed: *

b. My child has an active IEP:

4. Exceptional Family Member Program (EFMP):

My child is eligible/enrolled in EFMP *

5. My child previously received educational assistance or accommodations in a 504 Plan (non-special education assistance): *

My child has a 504 Plan:

Parent Signature

By typing my name, I affirm that the information submitted on this form is correct. Please type your full name and today's date here:

Sponsor/spouse full name *

 Date

All your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.



The Consent & Authorizations Tab

Start	Student	School	Sponsor/Contacts	Language	Health	Home Based Screening	Services	Consents & Authorizations	Internet & IT	Release of Records	Documents	Submit
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Consents and Authorizations

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION
DoDEA FORM 700 – Consents and Authorizations**

INSTRUCTIONS:

1. Completed by Sponsor/Parent or Guardian.
2. Print (Ink) or type all entries.
3. One completed form for PK through 8th grade; and/or one completed form for 9th through 12th grade

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932; DoD Directive 1342.20, "Department of Defense Education Activity (DoDEA)," October 19, 2007

PRINCIPAL PURPOSE: To obtain consent and authorization needed to allow students to participate in school programs and activities and to disclose certain student information, and acknowledgement of the emergency care that may be delivered to a student by DoDEA's officials and health care providers. Information collected on this form is authorized by the DoDEA system of records notice (SORN) number 26, published at <http://dpclo.defense.gov/privacy/SORNs/component/osd/>.

ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(2-12), the DoD Blanket Routine Uses described at <http://dpclo.defense.gov/privacy/SORNs/component/osd/> and the DoDEA routine uses found in SORN 26.

DISCLOSURE: Granting the consent and authorization requested by this form is voluntary. However, the failure to complete the form and provide the requested consent/authorization/acknowledgement of notice, may delay or prevent the DoDEA student's enrollment or participation in activities requiring consent or authorization.

SECTION I – AUTHORIZATION DESIGNATIONS FOR STUDENTS ENROLLED IN DODEA SCHOOLS (Applicable only to the dependent student registering with this form)

1. **Authorization to Attend Study Trips (i.e., one-day, no overnight DoDEA-funded trips):** The undersigned authorizes my student to participate in authorized DoDEA school study trips as initialed below: *

All = Authorize all study trips **Individual** = I request that the school obtain my permission in advance of **each** study trip involving my student.



The Consent & Authorizations Tab (continued)

2. Authorization to Disclose to Media Certain Directory Information and Student Images:

The undersigned authorizes DoDEA to disclose to DoD and public news media, DoD sponsored print and/electronic media, including, for example DoD news networks, student newspapers, yearbooks, and similar student publications; DoD or DoDEA approved websites or web services (including social media); DoD and DoDEA brochures, booklets, and video/audio productions, a) my student's media directory information (student name, and/or ID, school, grade level, student e-mail address; image, major field of study, participation in officially recognized activities and sports; weight and height if student is a member of a school athletic team; dates of attendance, degrees, and awards received, the most recent previous educational agency of institution attended by the student; student work products); and b) my student's individual or group images in connection with his/her participation in school sponsored athletic, extracurricular or academic activities, or ceremonies that honor individual student achievements.

Authorize = Authorize

Decline = Decline to authorize

Yearbook only = Disclosure Limited to Yearbook Only

3. Authorization to Disclose School Records to Other Schools:

The undersigned authorizes DoDEA to release a copy of my student's official school records to another school to which my student is transferring or has transferred, upon written request from the gaining school, without notifying or providing the undersigned with a copy of the released school records. The undersigned understands that I may opt out of this authorization at any time by furnishing a written notice of my decision to the school principal, subsequent to which the school will not release my student's records to another school without prior written consent.

Leave this field blank to authorize the disclosure of school records. Decline to authorize

4. Authorization to Disclose Student Directory Information to Military Recruiters:

The undersigned authorizes DoDEA to disclose to U.S. Military recruiters the following recruiter directory information pertaining to my student: age 17 and older or enrolled in the 11th or 12th grade: name, address, and telephone number.

Leave this field blank to authorize the disclosure of student directory information. Decline to authorize



The Consent & Authorizations Tab (continued)

5. Authorization to Participate in Authorized Survey:

The undersigned authorizes my student to participate in any survey authorized by DoDEA Headquarters, except that either I or my student may decline to participate in (opt out of) any particular survey. I understand that DoDEA authorizes surveys only after a committee of DoDEA educators has determined that the survey will produce high quality data of use to DoDEA that is not generally available through another means, in accordance with the criteria and rules of DoD Instruction 1100.13, "Surveys of DoD Personnel." Authorized surveys will collect data anonymously. Authorized surveys will not collect data about my student's or my family's health, medical status, mental or psychological condition, or personality. Authorized surveys will explore students' experience with and opinions about DoDEA school programs, participation in the use of various learning technology and equipment, future career or education plans, and satisfaction with or achievement in learning. In the event that a survey falls outside of these parameters, DoDEA will seek additional specific parental consent.

Leave this field blank to authorize survey participation. Decline to authorize

6. Authorization to Obtain Post Graduate Student Data:

The undersigned authorizes DoDEA to obtain information on my student's postsecondary college enrollment. The information gathered from this data will be used to refine the academic programs and the college/career readiness of my student in order to improve postsecondary success.

Leave this field blank to authorize post graduate student data. Decline to authorize



The Consent & Authorizations Tab (continued)

SECTION II – SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENT

1. Use of DoDEA Internet and Use of Information Technology Resources:

The undersigned acknowledges that my student's use of DoDEA Information Technology resources is contingent upon agreement and compliance with the "Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students" (hereafter "Terms and Conditions") and can be found at <http://www.dodea.edu/Offices/Regulations/loader.cfm?csModule=security/getfile&pageid=93099>. The undersigned understands that DoDEA requires parental/guardian signature for all students and student signature for grades 4-12. If my student violates the Terms and Conditions, the undersigned understands that my student may be subject to school disciplinary and/or appropriate legal actions and may lose all access to DoDEA technology resources (which include the privileges of access to DoDEA communications and computer equipment, related software, and services, such as e-mail and Internet access, educational programs and services, and social media). The undersigned understands that the school will exercise reasonable care to prevent my student from accessing undesirable information on the Internet; however, the undersigned is aware that the school may not be able to prevent my student from accessing all such information or on-line communications. By completing DoDEA Form 700A, Internet Agreement and Consent to Use Information Technology Resources, and signing Section IV of this form, the undersigned certifies that he/she has read, understands, and agrees to abide by the Terms and Conditions and to ensure that my child also understands and agrees. The undersigned hereby consents to my student's use of DoDEA's Information Technology resources, in accordance with DoDEA Terms and Conditions.

2. Acknowledgement of Disclosure of Student Information and Data Security:

Electronic systems (e.g., computers, communications equipment, software, and web/Internet-based services) are critical to school operations: to student learning, including how to operate responsibly in an electronic age, and for management. Students may access many systems through their school or personal computer (e.g., student email or social media, and web-based educational learning tools). Students lack access to other systems used for management and certain educational activities (e.g., for testing and assessment, education record storage and reporting, and school meal management); although individuals may obtain their personal data in these systems using Privacy Act procedures. Many systems require individual accounts. To establish a student account, DoDEA discloses minimal student directory information necessary (e.g., student name (or a pseudonym), student ID, school, grade level, and student email address). DoDEA instructs students to limit disclosure of personal information through student email or social media, or educational blogs. It evaluates provider adherence to Federal data privacy laws and industry/DoD data security standards and whether access is limited to authorized users required to sign in with a user-created password; data is identified by use of pseudonyms; access to personal data is limited to that within the user personal account; access to another's personal information is limited to individuals authorized by law or official duties to the minimum data needed to deliver or maintain the services promised, or to fulfill an official duty; it encrypts data, and/or requires data be stored in secured areas or electronic vaults that are accessible only by authorized personnel. Parents play a vital role in educating their children to limit disclosure of personal data and to adhere to school rules.

3. Acknowledgement of Financial Responsibility for Property and Equipment that is Lost, Damaged, Destroyed or Stolen and for Duty to Pay for School Meals:

In accordance with the policy of DoD Instruction 5000.64, Accountability and Management of DoD Equipment and Other Accountable Property, as amended, and the basic obligations of public service described in the Standards of Ethical Conduct for the Executive Branch, 5 CFR 2635.101, I acknowledge that I am financially liable for Government-owned or leased property and equipment that is lost, damaged, destroyed, or stolen while that equipment is in my use, custody, or control, or the use, custody, or control of one of my family members. In addition, I am financially obligated to pay the cost of any school meal that is provided to me or to my child. I understand that my financial liability includes the costs, such as attorney fees, interests, and other collections costs, incurred by the Government to collect amounts that I owe the Government. I further understand that the term lost, damaged, destroyed, or stolen, refers to circumstances arising from neglect by me or my family member, and does not apply to circumstances that are



The Consent & Authorizations Tab (continued)

of my family members. In addition, I am financially obligated to pay the cost of any school meal that is provided to me or to my child. I understand that my financial liability includes the costs, such as attorney fees, interests, and other collections costs, incurred by the Government to collect amounts that I owe the Government. I further understand that the term lost, damaged, destroyed, or stolen, refers to circumstances arising from neglect by me or my family member, and does not apply to circumstances that are beyond my or my family's ordinary care that cause depreciation of value due to ordinary wear and tear. The term "property or equipment" includes school furnishings (such as desks, chairs, classroom supplies and equipment, textbooks, laboratory equipment and supplies, electronic equipment, seats and furnishings on school-provided or funded busses and other school-provided or funded transportation conveyances). I understand that school authorities will notify me when it asserts a claim against me, that I will be given the opportunity to see all evidence supporting the school's assertion of my liability, that I will be afforded the opportunity to present argument and evidence challenging my liability to appropriate authority as prescribed in DoDEA rules and regulations, and that upon a preliminary determination by school authorities of my liability, I can appeal that decision to appropriate authority as specified in DoDEA rules and regulations. However, once I have exhausted my rights under DoDEA regulations, without eliminating the determination of my financial liability, I acknowledge my duty to promptly make payment in full of the amounts due in accordance with DoDEA rules concerning payment. I acknowledge that my failure to make prompt payments may result in the denial of access by me or my family member to school-provided resources, such as computers and electronic equipment, software or textbooks, or school meals, that the school may decline to photocopy my student's academic records or transcripts, and that the fact of my nonpayment may be reported to my command.

4. Disclosure of Student Information by Emails to Sponsor/Parent/Guardian:

The undersigned acknowledges that DoDEA may communicate information about my student in official email communication to me and/or my student. The undersigned understands that DoDEA staff exercise care to limit the inclusion of personal student information in such emails, but it cannot guarantee that such communication will not always avoid the inclusion of my student's personalized information, such as about the student's health, discipline, or other student educational information. The undersigned further understands that if I object to the use of email communication concerning my student, that I must inform the principal in writing of my desire to receive such communication by alternate means.

SECTION III – EMERGENCY HEALTH CARE NOTICE AND ACKNOWLEDGEMENT

DoDEA will assist a student in the event he or she becomes ill or is injured while engaged in school sponsored activities, including athletic and academic competitions and study trips. The school will follow the procedures identified below, from the administration of first aid through referral to health care providers for necessary treatment. The health care/medical provider may not always be a U.S. licensed medical doctor (physician).

1. School to Administer First Aid:

School personnel will administer first aid to my student when needed to treat minor injury or illness.

2. Emergency Contact, Emergency Response and Transportation for Emergency Care:

Should the student sustain an illness or injury that a school official believes should receive immediate care from a health care provider, the undersigned understands that the school,



The Consent & Authorizations Tab (continued)

b) will arrange for a response by an Emergency Response Team (EMT) and possible transportation of my student for treatment to an available health care facility. The (EMT), health care facility, or attending health care provider(s) may not be U.S. or military facilities or providers, especially if my student is located overseas.

3. Treatment Decisions to be Made Exclusively by Health Care Provider(s):

If the nature of my student's injury or illness requires immediate health care, then attending health care providers will make decisions, in accordance with their standard operating procedures, regarding the delivery of emergency care for my student.

4. Cost of EMT/Transportation/Health Care:

DoDEA shall not be responsible for the costs of any EMT or transportation of my student to a health care provider, or for the cost of care provided to my student by the health care provider(s).

5. School Does Not Administer Medication or Food Without a Physician's Order:

The school does not administer medicine or daily food, snacks or drinks to my student as a part of his/her physician-prescribed treatment program, unless the undersigned has provided the school with medications and/or food along with a physician's order giving instructions on the administration of the medicine and/or food.

6. Duty to Inform the School:

It is the personal responsibility of the undersigned to inform the school of changes in my student's health status or emergency contact information. The undersigned agrees to notify the school principal in writing of any such changes.

7. Release of Student Information:

The school will release information in its possession that is pertinent to my student's health condition(s), including any health and emergency contact information to my student's sponsor/parent/guardian, health care provider(s), police officials, and others who need to know information in order to render health care to my student, or to protect the safety of any person or property.

8. Effect of Failure to Sign this Notice and Acknowledgement:

The failure to sign this Notice and Acknowledgement may delay or prevent my DoDEA student's participation in activities requiring authorization.

Parent Acknowledgement

By my signature below, I (and my student age 18 or over) acknowledge that I have read and fully understand the information contained in each section I-III of this DoDEA Form 700 (including documents referenced within this form). Further, my signature acknowledges that I provided or declined to provide the authorizations, as indicated, in paragraphs 1-6 of section I. I understand that these authorizations and acknowledgements shall remain operative until the form is updated by the undersigned.

Sponsor/spouse full name *

 Date



The Internet & IT Tab

Start	Student	School	Sponsor/Contacts	Language	Health	Home Based Screening	Services	Consents & Authorizations	Internet & IT	Release of Records	Documents	Submit
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Form 700A - Internet Agreement and Consent

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION
FORM 700A Internet Agreement and Consent to Use Information Technology Resources Terms and Conditions

INSTRUCTIONS:

1. Sponsors/Parents or Guardians are required to sign for students in grade 3 and below.
2. Students in grade 4 and above are required to sign.
3. Complete a new form for new student enrollment; student transitioning from 3rd to 4th grade; from elementary or middle school to high school; or if a student transfers to another DoDEA school.

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932; DoD Directive 1342.20, "Department of Defense Education Activity (DoDEA)," October 19, 2007

PRINCIPAL PURPOSE: To obtain consent and authorization needed to allow students to participate in school programs and activities and to disclose certain student information, and acknowledgement of the emergency care that may be delivered to a student by DoDEA's officials and health care providers. Information collected on this form is authorized by the DoDEA system of records notice (SORN) number 26, published at <http://dpclo.defense.gov/privacy/SORNs/component/osd/>

ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(2-12), the DoD Blanket Routine Uses described at <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570573/dodea-26/> and the DoDEA routine uses found in SORN 26.

DISCLOSURE: Granting the consent and authorization requested by this form is voluntary. However, the failure to complete the form and provide the requested consent/authorization/acknowledgement of notice, may delay or prevent the DoDEA student's enrollment or participation in activities requiring consent or authorization.

Definition of Information Technology (IT) Resources

DoDEA's IT resources (also referred herein as the "network" (include, but are not limited to, use of or access to DoDEA communications and computer equipment, related software, and services (such as e-mail and Internet access, educational programs and services and social media)). I understand that my school will provide me with instruction and answer my questions regarding these Terms and Conditions before the school will authorize me to have network access.



The Internet & IT Tab (continued)

I. "USE is a Privilege: Conditions of Use"

A. I understand that access to and use of DoDEA-IT resources (the network) is intended to support my DoDEA education and related research and that my access and use (hereinafter "use") is a privilege, not a right, and that any use inconsistent with these Terms and Conditions may result in the cancellation of this privilege. I understand that the transmission (sent or received) of any material in violation of any U.S., state, or host nation law or regulation, or military installation, or DoD or DoDEA regulation, including this Terms and Conditions, is strictly prohibited and may violate criminal law.

B. I will not download files or subscribe to bulletin boards or web-pages that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.

C. I will respect and adhere to all of the rules governing access to DoDEA IT resources and the rules of any other network or computing resource to which I have access through the DoDEA IT resources.

D. I will not transmit copyrighted material, or material protected by trademark or as a trade secret.

E. I will not publish on-line using DoDEA IT resources (including communications and social media resources) the name, photograph, home address or telephone number of another student, faculty, or any other person.

F. I will not use DoDEA IT resources for commercial advertising or political lobbying, or other partisan activity, and I understand that such conduct is prohibited and may be illegal.

G. I will be polite; I will use courteous, respectful language in the use of the DoDEA network.

H. In my messages to others, I will not swear, use vulgarities or, sexual, harsh, abusive, or disrespectful language. I will not engage in conduct that makes fun of, threatens, disrespects, abuses, or otherwise harasses another, or that urges others to take harassing, abusive or disrespectful action against another person. I will not access or transmit images of nudity or sexual acts, bodily waste functions, criminal activity or the intent to commit any of the above. I will not engage in activities that are illegal under, or forbidden by, Federal, state, or host nation laws or regulations, or installations, or DoD or DoDEA regulations, including this Terms and Conditions agreement while using DoDEA's IT resources.

I. I will obey these Terms and Conditions governing DoDEA IT resources when I use DoD-provided or non-DoD provided IT resources to access the DoD or DoDEA networks.

J. I will carefully evaluate information I receive while using DoDEA IT resources. As with any research material, I must review it for accuracy and bias.

K. I will not send "chain letters," or similar widely distributed "broadcasts" or otherwise use DoDEA's IT resources that have the potential to unduly burden or disrupt the use of the network by other users.

L. I will not encourage children or DoDEA student of any age, but particularly any child under the age of 13, to provide information about themselves to any commercial IT service provider without obtaining prior parental permission; and I will not use DoDEA IT resources to provide information about myself (in addition to basic electronic directory information needed to afford access to the DoDEA network) to any commercial IT service provider without obtaining prior parental permission.



The Internet & IT Tab (continued)

M. I will not upload or create malicious software, such as, but not limited to, computer viruses, worms, or Trojan horses, or engage in, or attempt to engage in any activity that might harm or destroy data of any user, or harm, disrupt, or interfere with the use of any DoDEA IT resource, another network, or the Internet.

II. Consequences of Failure to Follow These Terms and Conditions

A. I understand that I am subject to discipline under the DoDEA Disciplinary regulation, to include suspension or expulsion, and/or to temporary or permanent loss of use of DoDEA IT resources, if I send messages or access or download files inconsistent with these Terms and Conditions. Furthermore, I may be subject to criminal prosecution if my conduct violates law.

B. I understand that any use of DoDEA IT resources, whether I employ DoDEA-owned or other IT resources to access DoDEA IT resources for a purpose that creates, or that causes, a disruption in the school, may subject me to DoDEA disciplinary action, including loss of privileges to use DoDEA IT resources, and to such other penalties as are prescribed by law or regulation.

C. I understand that I will lose privileges and be held accountable under law and regulation for intentional destruction or damage to any DoDEA IT resource.

III. Privacy

A. I understand and agree that accessing the Internet or e-mail through DoDEA IT resources generally requires that the school disclose my name or student identification number, grade, and my school and/or home e-mail address to non-DoD providers of the particular service (like e-mail or any web-based educational program, or to a social media service). I further understand that when I use web-based or social media services, the service provider may collect additional information about me or my computer or phone (such as cookies, my Internet searches, IP addresses, the sites that I visit, and with whom I communicate, and the content of my communications). I also understand the service provider may ask me to provide additional personal information about myself or others. I further understand that should I release information to a software service provider, I have no control over the disclosures that providers may make of that information. I understand and agree that I may not provide a service provider with information about other persons and that I am solely responsible for consulting with my parents about whether to provide information about myself and the consequences of providing that information, and that DoDEA accepts no responsibility and no financial or other liability for my providing or failing to provide such additional information, or for the consequences of my action. I further understand that I may violate law or regulation if I assist or encourage a child under the age of majority, especially one under the age of 13, to provide information through the network without prior parental consent.

B. I understand and agree that DoD and DoDEA monitor use of all DoDEA IT resources and that I have no privacy concerning my use of DoDEA IT resources, whether I access them from DoDEA-provided or private equipment. I understand that DoD or DoDEA may download from DoDEA IT resources, store, and use evidence of my use in connection with any administrative action or discipline under these Terms and Conditions, the DoDEA Disciplinary regulation, or any applicable law or regulation, and that DoD or DoDEA may report conduct and supporting information that it suspects violates law to appropriate enforcement authorities.



The Internet & IT Tab (continued)

IV. No Warranties

A. I understand that DoDEA makes no warranties of any kind, whether expressed or implied, for the IT resources it provides. DoDEA is not responsible for any damages (including, but not limited to, loss of data, delays, non-deliveries, misdeliveries or service interruptions, or for injuries resulting from access to any Internet site, or any consequential damages) that I may suffer from my use of DoDEA IT resources.

B. I understand the use of any information obtained by my use of DoDEA's computer resources is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its IT resources.

C. I understand DoDEA has no obligation or authority to defend me against any legal actions brought against me by anyone arising from my misuse of DoDEA IT resources or violations of any U.S. or foreign laws, or software licenses.

V. Security

A. I understand that security on any IT system is a high priority, especially when the system involves many users. I will notify my teacher if I notice a security problem. I will not demonstrate the problem to other users.

B. I will not give my user password to other individuals, or allow other persons to use DoDEA-provided IT resources, e-mail access, or internet access. Any activity associated with my account will be considered my activity. It is my responsibility to protect my account and password.

C. I may be denied access to IT resources if I am identified as a security risk.

Acknowledge

Yes ▾

Signature Block

Sponsor/spouse full name *

 Date *

← Previous

Save & Close

Next →

× Cancel



The Release of Records Tab

The screenshot shows a web application interface with a navigation menu at the top containing tabs: Start, Student, School, Sponsor/Contacts, Language, Health, Home Based Screening, Services, Consents & Authorizations, Internet & IT, Release of Records (highlighted), Documents, and Submit. Below the menu is the Department of Defense seal and the text "DEPARTMENT OF DEFENSE EDUCATION ACTIVITY REQUEST FOR STUDENT SCHOOL RECORDS". A green header bar reads "REQUEST FOR STUDENT SCHOOL RECORDS". Below this, a instruction says "Complete the information below for the school that the student most recently attended." The form fields include: Today's Date (calendar icon), MEMORANDUM FOR: (underline), Previous school name, Previous school address, Previous school city, Previous school state (dropdown), Previous school zip, Previous school country, Previous school start date (calendar icon), Previous school end date (calendar icon), and Previous school grade levels attended.

- This is the Release of Records tab.
- The parent enters information about the school the student most recently attended.



The Release of Records Tab (continued)

DoDEA Records Request

DoDEA will send the request below to the student's previous school.
SUBJECT: Request/authorize release of records for the following student:


Student first name	DoDEA	DOB	7/15/2014 Age 7
Student middle name			
Student last name	Student		

Please forward all records for the above student to include, but not limited to, transcripts, academic, discipline, health, legal/psychological/social reports, test scores, and special services. Also, include method of weighting grades, numerical/letter grade conversion, special clinical, or diagnostic studies, cumulative and confidential records (including IEP), school profile, and any other information that may be helpful.

Selected: Fort Rucker Elementary School

Parent acknowledgement

Sponsor/spouse full name

 Date

Privacy Act Notification to Parents

Authority: Sections 113, 136 and 2164 of title 10, and 921-932 of title 20 of the United States Code. And E.O. 9397 (SSN) authorize the collection of this information.

Principal Purpose: To enable DoDEA officials to obtain student records from a student's prior school.

Routine Uses: In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act. These records or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) and the DoDEA and DoD Blanket Routine uses set forth at <https://dpcl.dod.mil/Privacy/SORNsIndex/Blanket-Routine-Uses.aspx>

Disclosure: Voluntary; however, failure to provide information may delay enrollment of, or development of a suitable educational plan for a student enrolling in DoDEA funded programs.

DoDEA Worksheet 1002, August 2018

The form indicates the parent's consent for DoDEA to obtain the student's record from that school.

The Documents Tab

Start	Student	School	Sponsor/Contacts	Language	Health	Home Based Screening	Services	Consents & Authorizations	Internet & IT	Release of Records	Documents	Submit
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Documentation

Required Documentation for Eligibility

Please upload the following documents:

- Proof of Sponsor Eligibility (at least one of the following):
 - Permanent Change of Station (PCS) Orders
 - HR Employment Verification accompanied by Personnel Action Standard Form (i.e., SF50 or equivalent)
 - Contract Extract for Defense Contractors - must contain DoDEA school eligibility, assigned location, tour length, and names of dependents
- Proof of Dependent Status - relationship of student to the sponsor (at least one of the following if dependents are not listed on the orders):
 - Birth Certificate listing the sponsor or spouse as the biological parent
 - Court-ordered documentation (guardianship, adoption)
 - Dependent/Family Entry Approval Document
 - Port Call Document
- Proof of Date of Birth
 - Birth Certificate
- Immunization Record (Immunization records must be provided to the school at the time of initial registration and upon request of school officials to verify immunization compliance)
- On-base housing assignment or lease agreement (DoDEA Americas only)>

Note: The list is not all inclusive and is subject to modification without notice based on regulatory changes. It is always advisable to check with the registrar at the school or district office prior to school registration for the most current as well as local requirements. Local districts and schools may require additional documents during the registration process. Additional documentation may be required to determine if the student is eligible for space-available enrollment. Most DoDEA schools list the additional required documentation on their websites.

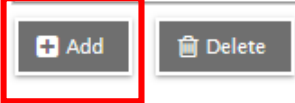
- On the **Documents** tab, the parent uploads documents that indicate proof of:
 - Sponsor eligibility
 - Dependent status
 - Date of birth
 - Immunizations
 - On-base housing assignment or lease agreement



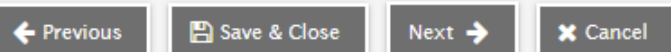
The Documents Tab (continued)

Click Add to upload a document to the student registration. Next, add a document name and click on the arrow to open the import window. Click on Choose File, select and open your document, and click Import. Click Save to complete the upload. If you need to upload additional documents, follow the steps above for each document."

Name	Type	Filename	Document
No matching records			



All your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.



- The parent clicks **Add** to upload a document, and then clicks the arrow to open the import window. Once they select the file, they click **Import**, then **Save**.
- They click **Next** to move to the next tab.



The Submit Tab

Start Student School Sponsor/Contacts Language Health Home Based Screening Services Consents & Authorizations Internet & IT Release of Records Documents **Submit**

Done!

Congratulations, you have completed the first step in the registration process! Your student is NOT fully registered until the registrar determines student eligibility and completes the registration.

For additional information regarding the DoDEA Eligibility and Enrollment - Registration Process as well as a list of required registration documents please refer to www.dodea.edu/registration-process.cfm

I declare under the penalty of perjury that the statements made by me on this form are true, complete and correct. I understand that I must immediately report any changes that may affect my dependent student's eligibility. (Specifically Sponsor's employment status)

Enter your name below. This is a legally binding electronic signature. A copy of this signature will be added to DoDEA registration forms.

Sponsor/spouse full name *

Date *

Enter any final notes or comments for the registrar (optional)

Click each tab and review the information. When all information is accurate and complete, click **Submit**.

Note: Once you click **Submit**, you will not be able to edit this form.

← Previous Save & Close Next → Submit Cancel

- **Submit** is the final tab. The parent has entered their student's information and is ready to submit it for review.
- The parent enters their signature and the date.
- The parent can enter any additional information in the free-text field for the registrar to review.
- When finished, the parent clicks **Submit**. The registrar can now review the registration in the School view.

