

# Packet B

## Siblings of New Students

# Student Registration Information



WELCOME  
TO  
PATRICK HENRY ELEMENTARY SCHOOL  
SY 2006-2007



This packet contains all the forms you need to enroll your child(ren) at Patrick Henry Elementary School. Please read all the instructions before completing the forms. After you have completed the forms please bring the following to the registrar:

This registration packet is completed. Student can not start school until all forms are complete.

School records from previous school are included, if applicable.

Current Shot Record.

Military Orders or Civilian equivalent (must include the child's name).

Copy of Passport or Birth Certificate.

Copy of ID Card and CBL of all Category 2's).

The staff will be glad to work with you in getting your child registered quickly. It is imperative that all information be provided prior to attendance at Patrick Henry Elementary School.

If you have any questions please call the School Registrar at DSN 388-9054 or civilian 06221-338-9054. We look forward to providing the quality education that your child deserves.

## Patrick Henry Elementary School New Student Interview

Date: \_\_\_\_\_ Sponsor's Printed Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Location of Last School: \_\_\_\_\_ Last Day of School Was \_\_\_\_\_

List three strengths that your child possesses.

List three areas that your child could improve.

What are your child's strongest academic areas?

My child works best with a teacher that...

My child's teacher would benefit from knowing that my child.....

Has your child been enrolled in any of the following programs? If the answer is yes, please indicate which grade.

_____ Remedial Reading	_____ Pre-K	_____ K	_____ 1 <sup>st</sup>	_____ 2 <sup>nd</sup>	_____ 3 <sup>rd</sup>	_____ 4 <sup>th</sup>	_____ 5 <sup>th</sup>
_____ Speech	_____ Pre-K	_____ K	_____ 1 <sup>st</sup>	_____ 2 <sup>nd</sup>	_____ 3 <sup>rd</sup>	_____ 4 <sup>th</sup>	_____ 5 <sup>th</sup>
_____ Gifted Education	_____ Pre-K	_____ K	_____ 1 <sup>st</sup>	_____ 2 <sup>nd</sup>	_____ 3 <sup>rd</sup>	_____ 4 <sup>th</sup>	_____ 5 <sup>th</sup>
_____ Special Education	_____ Pre-K	_____ K	_____ 1 <sup>st</sup>	_____ 2 <sup>nd</sup>	_____ 3 <sup>rd</sup>	_____ 4 <sup>th</sup>	_____ 5 <sup>th</sup>
_____ Counseling	_____ Pre-K	_____ K	_____ 1 <sup>st</sup>	_____ 2 <sup>nd</sup>	_____ 3 <sup>rd</sup>	_____ 4 <sup>th</sup>	_____ 5 <sup>th</sup>
_____ Retention	_____ Pre-K	_____ K	_____ 1 <sup>st</sup>	_____ 2 <sup>nd</sup>	_____ 3 <sup>rd</sup>	_____ 4 <sup>th</sup>	_____ 5 <sup>th</sup>
_____ English as a 2 <sup>nd</sup> Language	_____ Pre-K	_____ K	_____ 1 <sup>st</sup>	_____ 2 <sup>nd</sup>	_____ 3 <sup>rd</sup>	_____ 4 <sup>th</sup>	_____ 5 <sup>th</sup>
_____ Other Programs (please explain)							

### GERMAN IMMERSION

(1st and 2<sup>nd</sup> Grade Students only)

I am interested in having my child be considered for the German Immersion Program---Yes/ No

### MULTI-AGE

(Complete only if interested.)

Please consider my child for the 2/3, 3/4, 4/5 (Circle One) Multi-age classroom.

# CONSENT AND REQUEST FOR SCHOOL RECORDS

## Patrick Henry Elementary School

Heidelberg, Germany

Unit 29237

APO AE 09102

Phone: (49) 6221-338-9054/7

Fax: (49) 6221-765-491

Date Sent \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous School's Name and Address

The following Parent/ Guardian has recently registered a student in our school:

Sponsor: \_\_\_\_\_

SS# \_\_\_\_\_

**Please provide and Health Records, Test Records, SPED Records, Attendance records, transcripts, as well as any Personal, Confidential and Disciplinary Files for the following Student(s):**

Name: _____	Birthday _____	Grade _____
Name: _____	Birthday _____	Grade _____
Name: _____	Birthday _____	Grade _____

Parental Permission:

*" I do hereby request and authorize release of all records, including confidential, for the above named students. Please mail or fax records to the listed fax number or School Address provided above."*

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
PHES Registrar



DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
PATRICK HENRY  
ELEMENTARY SCHOOL  
UNIT 29237  
APO AE 09102

LANGUAGE BACKGROUND INFORMATION

SCHOOL: *Patrick Henry Elementary School*

Date: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. Language(s) spoken in the home: \_\_\_\_\_
2. Your child's first language: \_\_\_\_\_
3. Mother/Guardian's first language: \_\_\_\_\_
4. Father/Guardian's first language: \_\_\_\_\_
5. If your child has ever attended a school other than an American or English-speaking school, please indicate the number of years: \_\_\_\_\_
6. Has your child ever been enrolled in an "English as a Second Language" (ESL) program? \_\_\_\_\_

DoDEA Regulation 2440.1

This regulation...establishes policy and assigns responsibilities for the Department of Defense Education Activity (DoDEA) to ensure that language minority students are provided opportunities to achieve the same educational goals and standards as all students. In accordance with the provisions contained herein, each school in the district shall provide language-minority students with equal access to all school programs, services and school sponsored activities, including programs required for graduation, commensurate with their age and grade level.

# Department of Defense Education Activity

## Questionnaire for Race/Ethnicity, and Home Language

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to \$ 5000.

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE ANSWER ALL SECTIONS

### ETHNICITY (Mark one)

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

**NOT Hispanic or Latino.**

### RACE (Mark one or more)

**A – American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**B – Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**C – Black or African American.** A person having origins in any of the black racial groups of Africa.

**E – White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**F – Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### HOME LANGUAGE SURVEY (Yes or No, and Mark Language)

Does an adult in the household speak a language other than English at home?

Yes  No

Does the child you are registering speak a language other than English at home?

Yes  No

What was the first language your child learned?

English (E)  Another Language (A)  Both English & Another Language (B)

Language(s) Learned: \_\_\_\_\_



**IV. No Warranties**

- a. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.
- b. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services. 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 computer resources or violations of any U.S. or foreign laws.

**V. Security**

- a. I understand security on any computer 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. 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 the network if I am identified as a security risk.

**VI. Vandalism**

- a. I understand vandalism will result in cancellation of privileges. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

**Weapons/Prohibited Substances/Anti-Bullying Policy**

**Weapons:** Students shall not transport, exchange, and carry on their person, nor cause to be stored, objects that are generally considered to be weapons. These include, but are not limited to firearms, knives, club type weapons (for example, blackjacks, brass knuckles, nunchaku), gas pistols and shooting pens, straight razors, razor blades, Exacto knives, ice picks, clubs, or any object that may be used as a club to inflict bodily harm (for example, pieces of wood or pipe, stones, or bricks). Also banned is any object that might be used readily to inflict bodily harm on self or others (for example, chains, canes with sharp points, broken bottles or glasses, spiked leather, lighters or laser pointers). Authentic appearing replicas of a firearm are classified as weapons (for example, toy guns). Possession of weapons by students while on school property (to include while riding to or from school or school events on school buses) or in attendance at a school function, or whenever under the jurisdiction of the school, is grounds for expulsion and referral to law enforcement agencies.

**Possession, Sale and/or Use of Alcoholic Beverages, Narcotics, Illegal Drugs and/or Prohibited Substances:** Notice is hereby given that possession, use, or sale of controlled (prescription) or mind altering (illegal) substances by any student while the student is on school property (to include while riding to or from school on school buses or at bus stops) or in attendance at a school sponsored function or whenever under the jurisdiction of the school, is grounds for expulsion. Student possession of or being under the influence of alcoholic beverages, and/or hallucinogenic drugs or combinations of drugs or paraphernalia expressly prohibited by federal, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances, illegal substances, or counterfeit in any respect illegal or controlled substances shall be grounds for expulsion and referral to law enforcement agencies. Prescription medication is not to be transferred to another. Over-the-counter medications are not to be transferred to another or used without parental and nurse knowledge. Students should have no more than one dose and the nurse has been informed of the presence of that dose.

**Sexual Harassment Policy:** Sexual harassment will not be tolerated at PHVES. Any student who sexually harasses another student will be counseled and/or disciplined. PHVES uses the following definition: sexual harassment is any unwanted and unwelcome sexual behavior, which interferes with a person's education or employment. It can include sexual comments, sexual advances, sexual notes (written or electronic), or sexual contact. Any student who is being sexually harassed should notify a teacher, a counselor or an administrator. Offenders will be counseled once, and then disciplinary action will be taken until the harassment stops.

**Bullying/Harassment/Relational Aggression Policy:** Bullying, Harassment and Relational Aggression will not be tolerated at PHVES. Any student who bullies or harasses another student will be counseled and/or disciplined. PHVES uses the following definition: a student is being bullied or victimized when he or she is exposed to negative actions on the part of one or more students. Negative actions can be verbal, non-verbal, or physical. Additionally, cyber-aggression, which is bullying via computer means, will not be tolerated. Bullying is aggressive behavior or intentional "harm-doing." It occurs within an interpersonal relationship and is characterized by an imbalance of power. Students are instructed to notify an adult if their efforts to stop bullying are ineffective. School personnel will intervene on behalf of students and parents in an effort to stop the negative actions that are occurring at school.

**I am aware of the zero-tolerance policies listed above.**

**Parent Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Student Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_



*Math Matters!*

**Department of Defense Dependents Schools - Europe  
Office of the Director – Public Affairs  
Publicity Permission Form**

*Within the Department of Defense Dependents Schools - Europe, there are many opportunities to celebrate the achievements and activities of our districts, schools, students, staff and community members. The Information Age has provided additional mediums to publish our accomplishments, showcase our educational programs and services, and strengthen two-way communication among our publics. While television and print publications have been traditional ways of getting information to our publics, we now have the added benefit of the Internet.*

*With regard to the Internet, DoDDS-E official web sites follow the goals, guidelines and policies for responsible and safe Internet publication practices set forth by the Deputy Secretary of Defense and the DoDEA Web Publishing Guide.*

*In order for us to include a student, staff member or community member in print publications, television, multi-media or the Internet, permission is needed.*

**The following is provided for your review and signature:**

I give permission for my child's name, image, and/or student work products to be utilized in various media forms including: newsletters, DoDDS web sites (images only), DoDDS print and video productions, military community publications, military affiliated publications (Stars & Stripes), military affiliated electronic media (AFN/AFRTS), public media (local, host nation, U.S. national newspapers, magazines, television), and future types of media.

Please indicate whether you approve or disapprove by signing below.

	<b>Approve</b>	
<small>Printed Name of Child or Individual if for self</small>		<small>Signature of child's parent/guardian or individual if for self</small>
	<b>Disapprove</b>	
<small>Date</small>		<small>Signature of child's parent/guardian or individual if for self</small>
SY '06-'07 _____ SY '07-'08 _____ SY '08-09 _____		

**This form is applicable for the current school year and will remain permanently in the student's file. Each subsequent year the student registers, the form is to be reviewed and updated by providing parent/guardian initials next to school year.**

# MEDICAL POWER OF ATTORNEY

In the event that my dependent \_\_\_\_\_, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision of or while participating in any activities sponsored by Patrick Henry Elementary School, I authorize and release to any agent or employee of Patrick Henry Elementary School to take my dependent to any U.S. military facility or any civilian hospital if deemed necessary by the above referenced individual.

I understand that the above named personnel of Patrick Henry Elementary School will use all diligent and reasonable efforts to contact my spouse or me. If personnel of Patrick Henry Elementary School or the U.S. treatment facility can contact neither my spouse nor me after reasonable attempts, I authorize and release any physician or other qualified medical personnel to examine my child. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger to life or limb of my dependent. I further authorize non-emergency care and necessary treatment such as suturing superficial lacerations; treating colds, minor allergies, and minor gastro-intestinal upsets; splinting sprains; casting uncomplicated fractures; or other similar treatments.

**MEDICAL INFORMATION ABOUT THE ABOVE NAMED DEPENDENT** (to be completed by parent/guardian) for the purpose of sharing information with teachers and health care personnel on a need- to-know basis. My dependent has the following medical problems (such as diabetes, seizures, asthma, heart and kidney disease):

\_\_\_\_\_

My dependent is allergic to the following: \_\_\_\_\_

My dependent takes the following medications on a regular and/or "as needed" basis (list name, amount, and purpose of each medication): \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (to be completed by parent)

Sponsor's home address: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Sponsor's name: \_\_\_\_\_ Rank: \_\_\_\_\_

Sponsor's unit: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Cell phone #1: \_\_\_\_\_ Cell phone #2: \_\_\_\_\_

Other names and phone numbers to use in case of emergency if parents/guardians are unavailable:

\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

**I AGREE TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE ABOVE INFORMATION.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Social Security Number \_\_\_\_\_

Are you a civilian "Pay Patient"?  Yes  No

**PRIVACY ACT NOTICE:** AUTHORITY: Title V, Sec. 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parents'/guardians' absence. ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names; (c) To supply health and medical information about student. This form is used by DoDEA employees and trained medical personnel in emergency. Social Security number of sponsor is required by military medical facilities in case of emergency referral. MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NONDISCLOSURE: Mandatory. School personnel will not be able to provide emergency care and health services in parents' absence.

# SCHOOL HEALTH RECORD

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS

Patrick Henry Elementary School

HOME PHONE NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

MOM CELL \_\_\_\_\_

DAD CELL \_\_\_\_\_

INSTRUCTIONS: 1. ANNUALLY COMPLETED BY SPONSOR/PARENT 2. PRINT ALL ENTRIES 3. CHECK (4) ALL CONDITIONS THAT APPLY

Student #	STUDENT'S NAME	CHECK	4	
Birth Date:	Last	Female	<input type="checkbox"/>	
	First	Male	<input type="checkbox"/>	
	MI			

## HEALTH HISTORY

VISUAL DEFECT	4	COMMENTS	CARDIOVASCULAR	4	COMMENTS
WEARS GLASSES	<input type="checkbox"/>		SICKLE CELL ANEMIA	<input type="checkbox"/>	
CONTACTS	<input type="checkbox"/>		CONGENITAL HEART	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		RHEUMATOID HEART	<input type="checkbox"/>	
MULTIPLE	<input type="checkbox"/>		HEART MURMUR		
			NO RESTRICTIONS	<input type="checkbox"/>	
			RESTRICTION	<input type="checkbox"/>	
			LEUKEMIA	<input type="checkbox"/>	
			OTHER	<input type="checkbox"/>	
			MULTIPLE	<input type="checkbox"/>	
			RESPIRATORY	4	COMMENTS
			ASTHMA	<input type="checkbox"/>	
			BRONCHITIS	<input type="checkbox"/>	
			CYSTIC FIBROSIS	<input type="checkbox"/>	
			OTHER	<input type="checkbox"/>	
			MULTIPLE	<input type="checkbox"/>	
			DERMATOLOGY	4	COMMENTS
			ACNE	<input type="checkbox"/>	
			ECZEMA	<input type="checkbox"/>	
			PSORIASIS	<input type="checkbox"/>	
			OTHER	<input type="checkbox"/>	
			MULTIPLE	<input type="checkbox"/>	
			ENDOCRINE	4	COMMENTS
			DIABETES	<input type="checkbox"/>	
			HYPERTHYROID	<input type="checkbox"/>	
			HYPOTHYROID	<input type="checkbox"/>	
			OTHER	<input type="checkbox"/>	
			MUSCULOSKELETAL	4	COMMENTS
			OSTEOARTHRITIS	<input type="checkbox"/>	
			RHEUMATOID ARTHRITIS	<input type="checkbox"/>	
			MUSCULAR DYSTROPHY	<input type="checkbox"/>	
			OSGOOD-SCHLATTER	<input type="checkbox"/>	
			SCOLIOSIS	<input type="checkbox"/>	
			OTHER	<input type="checkbox"/>	

*CONTINUE ON REVERSE SIDE*

**HEALTH HISTORY CONTINUED**

NEUROLOGY		4	COMMENTS	PSYCHIATRIC/CONT		4	COMMENTS
CEREBRAL PALSY	<input type="checkbox"/>			MULTIPLE	<input type="checkbox"/>		
HEADACHE	<input type="checkbox"/>			GASTROINTESTINAL/ GENITOURINARY	4		
MIGRAINE	<input type="checkbox"/>			BLADDER CONTROL PROBLEM	<input type="checkbox"/>		
SEIZURE DISORDER	<input type="checkbox"/>			BOWEL CONTROL PROBLEM	<input type="checkbox"/>		
SEIZURE DISORDER HISTORY	<input type="checkbox"/>		MOST RECENT DATE: SPECIFY:	FREQUENT URINARY INFECTION	<input type="checkbox"/>		MOST RECENT DATE:
OTHER	<input type="checkbox"/>			OTHER	<input type="checkbox"/>		
MULTIPLE	<input type="checkbox"/>			MULTIPLE	<input type="checkbox"/>		
PSYCHIATRIC		4	COMMENTS	OTHER MEDICAL		4	COMMENTS
ATTENTION DEFICIT	<input type="checkbox"/>			DENTAL	<input type="checkbox"/>		
ANOREXIA	<input type="checkbox"/>			NUTRITIONAL DEFICIENCY	<input type="checkbox"/>		
BULIMIA	<input type="checkbox"/>			OBESITY	<input type="checkbox"/>		
DEPRESSION	<input type="checkbox"/>			OTHER	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>			MULTIPLE	<input type="checkbox"/>		

DOES YOUR CHILD TAKE DAILY MEDICATIONS?  
 Permission for medication form signed by a physician and a parent, must accompany prescribed medications. All medications taken at school must be maintained and administered from the health office under school personnel supervision.  
 SPECIFY ALL CURRENT MEDICATIONS (to include medications taken at home):

CHECK		4	NOTES
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		NOTES:

HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason:  
 DATE: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_  
 REASON:

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 CELL NUMBER \_\_\_\_\_  
 NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 CELL NUMBER \_\_\_\_\_

**PRIVACY ACT NOTICE**

AUTHORITY: Title x, Section 133 7 1076, Title V, Section 301. PRINCIPAL PURPOSE: To record pertinent data concerning student's health.  
 ROUTINE USES: Data is collected and entered into the automated School Information Management System for use by professional health and education agencies.  
 MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.

Parent/Sponsor's Signature: _____	Date: _____
Parent/Sponsor's Signature: _____	Date: _____