

Packet C

KINDERGARTEN

Kindergarten Enrollment Information

This information will help us to know your child better. Please place a check mark ✓ next to the questions about your family.

- Child will be five years old by 31 October of current school year
- Child attended preschool
- Child has a parent whose primary language is not English
- Child is from a dual military family
- Child is in single parent family
- Child has a parent that has separated from the family, due to military deployment or other reason.
- Child is enrolled in the Exceptional Family Member Program
- Child has three or more siblings close in age range
- Child has a sibling with a diagnosed disability.
- Child has a sibling with an identified reading or learning difficulty.

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.

School Registration Questionnaire (SY 2006/2007)

Patrick Henry Elementary School		NON-ACTIVE MILITARY SEE REVERSE SIDE		Edition: 1 Feb 06 (SY06-07)	
<p style="text-align: center;">Sponsor: <u>*** Sponsor U.S. Active Military (No Reservists) ***</u></p>					
Student:	Grade:	DoB: P or BC?			
Student:	Grade:	DoB: P or BC?			
Student:	Grade:	DoB: P or BC?			
####	Description	Documentation Required			
CATEGORY 1: DoD Command Sponsored; Space Required; Tuition Free (Please highlight documents used in verification!)					
1A	Army	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	DLM Orders or DSE Form 803, Section A
1B	Navy	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	DLM Orders or DSE Form 803, Section A
1C	Marines	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	DLM Orders or DSE Form 803, Section A
1D	Air Force	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	DLM Orders or DSE Form 803, Section A
1E	U.S. Coast Guard	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	DLM Orders or DSE Form 803, Section A
1G	MAP (Agency Pays)	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	DLM Orders or DSE Form 803, Section A
1H	FMS (Agency Pays)	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	DLM Orders or DSE Form 803, Section A
CATEGORY 3: DoD Non-Command Sponsored; Space Available; Tuition Free (Please highlight documents used in verification!)					
3A	Army	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	ILP (With DoDDS-E Approval)
3B	Navy	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	ILP (With DoDDS-E Approval)
3C	Marines	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	ILP (With DoDDS-E Approval)
3D	Air Force	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	ILP (With DoDDS-E Approval)
3E	U.S. Coast Guard	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	ILP (With DoDDS-E Approval)
<p>This questionnaire is in conjunction with the DoDDS-E On-Line School Pre-Registration programs. It is to be used during the registration process to determine the appropriate category of the pupil's sponsor, and to enter the data into the School's SMS computer program. Review the "Student Registration", SD Form 600, after it is completed by the sponsor, with all documents provided, and check one of the codes above. Highlight the appropriate documentation provided on the above form, and attached all documents to this form.</p> <p>* Orders must be current for the time of enrollment, if not, current extension must be submitted, or DSE Form 803 (Section B) is required; completed by the appropriate personnel office. ** Minimum age PK, CF: Usually 3 yrs old (by 31 Oct 03); SS: 4 yrs old (by 31 Oct 02); Kdgn: 5 yrs old (by 31 Oct 01)*; Grade 1: 6 yrs old (by 31 Oct 00)*. *Transfers with approval (by 31 Dec). Passport (P), or Birth Certificate (BC) can verify age. On the top of this form highlight the appropriate code of the birth document used to verify the age. Attach copy. *** Orders must be current and authorize an Accompanied Tour, and travel to and from CONUS, or an Overseas tour.</p>					
Actual Written DEROS (Rotation) Date:		=> Written DEROS Status, Unknown!			
Computed DEROS (Rotation) Date:		=> Computed DEROS Appears Current!			
First Day of School Date:		=> Enrollment date is Unknown!			
<p>Sponsor: _____ SSN: _____</p> <p>"I verify the category code is correct." _____</p> <p>Signature (Sponsor/Spouse): _____ Registrar's Initial: _____ Date: 04-Apr-06</p> <p style="text-align: right;">"I certify the category and information listed above is current and correct."</p>					

School Registration Questionnaire (SY 2006/2007)

Edition: 1 Feb 06 (SY06-07)

Civilians and Reservists

Sponsor: Patrick Henry Elementary School Position: 0 Full-Time *** Sponsor Non-U.S. Active Military (Plus Reservists) ***

Student: _____ Grade: _____ DoB: P or BC?

Student: _____ Grade: _____ DoB: P or BC?

Student: _____ Grade: _____ DoB: P or BC?

###	Description	Documentation Required
CATEGORY 1 : DoD Command Sponsored; Space Required; Tuition Free (Please highlight documents used in verification!)		
1F	DoD Civilian	Orders w/Dep's + (Or) Orders w/Dep's + (Or) Orders w/Dep's + (Or) Orders, and DSE Form 802 NAFI, Section A
1G	MAP (Agency Pays)	*** Orders w/Dep's + (Or) Orders w/Dep's + (Or) Orders w/Dep's + (Or) DSE Form 802 R, Section A
1H	FMS (Agency Pays)	*** Orders w/Dep's + (Or) Orders w/Dep's + (Or) Orders w/Dep's + (Or) DSE Form 802 R, Section A
1J	NAFI w/ Trans Agreement & LOA	*** Orders w/Dep's + (Or) Orders w/Dep's + (Or) Orders w/Dep's + (Or) DSE Form 802 NAFI, Section A

CATEGORY 2 : Federally Connected; Space Available; Tuition Paying (Please highlight documents used in verification!)		
2A	U.S. Government (St. Dept, GSA, FAA, GAO, NATO, Etc.)	SF 50, Dated After Sch Yr Begins (Or) Employment Document or DSE 802-R
2B	U.S. Instrumentality (Part time NAF w/o Trans Agreement)	AAFFES 1200, or DA 4017 Dated After Sch Yr Begins (Or) AAFES 1200 or DA 4017, or CPO Statement or DSE Form 802-NAFI
2C	U.S. Interest (TDY, Red Cross, Contractors, Nat Guard/Reservist (< 180Days), Scouts, Active Duty TDY, Deployments) ; Parttime Appropriate Fund Positions	SF 50 or Contract or, Copy of ID Card (Or) Reservists: a Birth Cert. and Marriage Cert. if a dependent thru marriage. DD1172-2 application for less than 30 days-needs copies of orders! Reservists less than 180 Days!
2D	Foreign Service (Foreign DoD Member in NATO, UN, Etc.)	Foreign DoD Member/Orders Documentation Approval as NIS/PEP

CATEGORY 3 : DoD Non-Command Sponsored; Space Available; Tuition Free (Please highlight documents used in verification!)		
3F	DoD Civilian	ID Card + Death Certificate (Or) ILP (or) SF 50 & LES ; (or) SF 50, and DSE 802-R or CPO Statement
3G	Special Case (DoD) Death; * Reservists, Over 179 Days!	+ Proof of custody, Birth Cert (Reservists) + SF 50 * Mill Orders ==> Reservists Over 179 Days!
3J	NAFI (Full-Time)	DA 4017, After Sch Yr-Birth / Marriage Certificate (Or) ILP (or) DA 4017 & LES ; (or) DA 4017, and DSE 802-NAFI, or CPO Statement
3P	NIS/PEP	Foreign DoD Member Orders/Documentation + Approval as NIS/PEP

CATEGORY 4 : Non-Federally Connected; Space Available; Tuition Paying *** Listed in Priority Order *** (Please highlight documents used in verification!)		
4A	U.S. Citizen (PL99-145; Local Hire)	SF 50 (Equiv), After Sch Yr Begins (Or) SF 50 (Equiv), & LES
4B	Foreign National (PL99-145; Foreign Government)	Installation Access from Installation Commander (Or) SF 50 (Equiv), & LES
4C	Other U.S. Citizen (Retired Military)	Passport + Installation Access from Installation Commander
4D	Other Foreign National (Private Company)	Passport + Installation Access from Installation Commander

This questionnaire is in conjunction with the DoDDS-E On-Line School Pre-Registration program. It is to be used during the registration process to determine the appropriate category of the pupil's sponsor, and to enter the data into the School's SMS computer program. Review the "Student Registration", SD Form 600, after it is completed by the sponsor, with all documents provided, and check one of the codes above. Highlight the appropriate documentation provided on the above form, and attached all documents to this form. Part-time tuition paying enrollments over 4 periods a day, must pay full tuition.

* Orders must be current for the time of enrollment, if not, current extension must be submitted, or DSE Form 802 (Section B) is required; completed by the appropriate personnel office.

** Minimum age PK, CF: Usually 3 yrs old (by 31 Oct 02); SS: 4 yrs old (by 31 Oct 02); KG: 5 yrs old (by 31 Oct 01); Grade 1: 6 yrs old (by 31 Oct 00)*. *Transfers with approval (31 Dec).

*** Orders must be current and authorize an accompanied tour, and travel to and from CONUS, or an Overseas tour.

Actual Written DEROS (Rotation) Date: TBD => Written DEROS Status, Unknown!

Computed DEROS (Rotation) Date: _____ => DEROS needs to be computed!

Proof of Employment (SF 50 or Equiv) Date: _____ => Employment Date Status is Unknown!

First Day of Enrollment Date: _____ => Enrollment Date for 1st day of school is Unknown!

Sponsor: _____ SSN: _____

"I verify the category code above is correct."

Signature (Sponsor/Spouse): _____ Registar's Initial: _____

Date: 04-Apr-06

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION**

- INSTRUCTIONS**
1. Completed by Sponsor
 2. Print (ink) or type all entries.
 3. Leave shaded areas blank.
 4. See supplemental sheet for assistance.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2164, 20 USC 921

PRINCIPAL PURPOSE(S): Required for enrollment of dependents into DoDEA Schools. Provides record of student and sponsor demographic data used in the administration of school programs. Provides emergency contact, pertinent medical and other vital information.

ROUTINE USE(S): Data is collected and entered into the automated School Information Management System for use by DoDEA personnel in providing educational and management programs. Release of student information to non-DoDEA personnel is restricted to U.S. Government personnel and other authorized individuals as approved by DoDEA. Sponsor information may be released to other schools, colleges, and prospective employers as part of the individual student record.

DISCLOSURE: Voluntary. Disclosure of the Social Security Number will expedite the registration process.

SECTION I – STUDENT INFORMATION

1a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

2a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

3a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

SECTION II – SPONSOR INFORMATION

4. Sponsor's Name (Last, First, Middle Initial)		5. Sponsor SSN/Unique ID	6. Pay/Civ Grade	7. Title / Rank
8. Organization		9. Location of Unit	10. Duty Phone	11. Rotation / ETS Date
12. Spouse's Name (Last, First, Middle Initial)		13. Spouse's Title	14. Spouse's Employer	15. Spouse's Duty Ph.
16. Mailing Address (e.g. APO/FPO) (If different from Physical)			17. Physical Quarters Address (Street, City, State, Zip Code)	
18. Sponsor Cell Phone	19. Spouse Cell Phone	20. Email Address		
21. Other Cell	22. Day Phone	23. Alternate Email		

SECTION III – LOCAL EMERGENCY CONTACT INFORMATION

24a. Emergency Contact Name (Not Sponsor or Spouse)		24b. Contact Duty Phone	24c. Contact Home Phone
24d. Emergency Contact Address (During Day)		24e. Doctor's Name (If not Military Clinic)	24f. Doctor's Phone Number
25a. Emergency Contact 2 Name /Authorized Pick Up		25b. Contact 2 Duty Phone (Optional)	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)		YES / NO (Circle one) All of the Emergency Contacts listed have my permission to pick up my child from school if I cannot be reached in case of an emergency, illness or early dismissal situation.	

SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION

26a. Contact Name	26b. Contact Home Phone
26c. Contact Address	26d. Relationship to Sponsor

SECTION V – CONSENT and SCHOOL USE INFORMATION

I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval. I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below. I verify the information is correct or has been corrected.		34. First Day Student Starts School (MMMDDYYYY)	35. DoDAAC HD3451
		36. School Name Patrick Henry Elementary School	
27. Exceptions (If none, enter NONE)		37. Orders on File / Verified	Y N
		38. Birth Date Verified	Y N
		39. Reserved	Y N
28. Signature of Sponsor	29. Date (MMMDDYYYY)	40. Registrar's Initials	41. Date (MMMDDYYYY)
30. Reserved	31. Reserved	42. Reserved	
32. Local Use	33. Local Use	43. Local Use	

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

**GERMAN IMMERSION
(1st and 2nd 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: _____

**Department of Defense Education Activity (DoDEA) Computer and Internet Access Agreement
Parent Notice of Expectations at Patrick Henry Elementary School 2006-2007**

Privacy Act Statement

Authority: DoD Directive 1342.6, DoD Education Activity, DoDDS System Notice 22

Principal Purpose(s): To permit an individual's use of government-owned computer resources in accordance with DoDEA policies governing use of the Internet and to permit enforcement of DoDEA policies governing access to computers and the Internet.

Routine Use(s): In accordance with DoD published routine uses.

Disclosure: Voluntary; however no individual is permitted to use DoDEA-controlled computer resources until they have signed this statement indicating agreement to use such equipment only in accordance with DoDEA Computer and Internet Access Policies.

Student Name: Print clearly _____

Grade: _____

**I, (Parent or Guardian) (Print Clearly) _____, have read the Terms and Conditions below. I understand that network access is designed for educational purposes. DoDEA has taken precautions to eliminate controversial material.

However, I also recognize it is impossible for DoDEA to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

**I understand, consistent with DoDEA policy to protect individual privacy, my child's written and art work and his or her name may be published, but DoDEA does not authorize the use of photographs, home address, or home telephone number in association with my child's name. I also understand DoDEA does not authorize the use of the school's Internet service for commercial activity or personal use inconsistent with the Terms and Conditions.

**I understand: (1) This form does not relinquish my child's rights in his or her work. (2) DoDEA is not responsible for subsequent copying or unauthorized use of the work by an outside person or agency. (3) The only personal identification of the work will be my child's name. (4) My child cannot be directly contacted through the page. All contacts will go through the teacher.

Parent/Guardian Signature

Date

Student Signature

Date

Terms and Conditions For Students

I. Acceptable Use

- a. I agree to use DoDEA's computer services only in support of my education and research consistent with the educational objectives of the DoDEA. I will not download files or subscribe to bulletin boards that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.
- b. I will respect and adhere to all of the rules governing access to DoDEA computing resources and the rules of any other network or computing resource to which I have access through the DoDEA equipment.
- c. I understand transmission (sent or received) of any material in violation of any U.S. or state regulation is strictly prohibited and may violate criminal law. I will not transmit obscene, sexually suggestive or offensive, lascivious, harassing, or abusive messages, copyrighted material, or material protected by trademark or as a trade secret.
- d. I will not publish the name, photograph, home address or telephone number of myself, another student, faculty, or any other person.
- e. I understand using the DoDEA computer equipment for commercial, product advertisement or political lobbying is prohibited and may be illegal.

II. Privileges

- a. I understand that the use of the network is a privilege, not a right, and use inconsistent with these Terms and Conditions may result in a cancellation of those privileges. (Each student will receive instruction regarding the terms and protocols referenced in this document before network access is provided.)
- b. I will be disciplined if I send messages or download files inconsistent with these Terms and Conditions. At the discretion of the principal and teacher, I may lose the privilege of using the Internet permanently and face suspension or expulsion. Copies of the inappropriate materials will be reported to the building administration and kept on file.

III. Internet Etiquette

- a. I will be polite. I will not use sexual or abusive language in my messages to others.
- b. I will use courteous, respectful language. I will not swear, use vulgarities, sexual, harsh, or disrespectful language. Illegal activities are strictly forbidden.
- c. I understand any transmission, including electronic mail, is not private and that my communications and access will be monitored.
- d. I will evaluate information carefully. As with any research material, I must review it for accuracy and bias.
- e. I will not use the network in such a way as to disrupt the use of the network by other users. This can be avoided by not sending "chain letters," or "broadcast" messages to lists or individuals.

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.

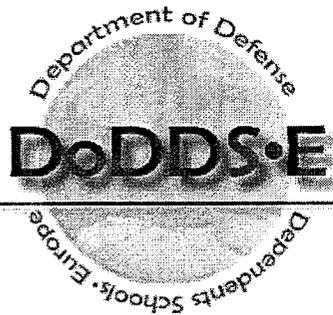
I am aware of the zero-tolerance policies listed above.

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.

_____	Approve	_____
Printed Name of Child or Individual if for self		Signature of child's parent/guardian or individual if for self
_____	Disapprove	_____
Date		Signature of child's parent/guardian or individual if for self
	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		
HEARING DEFECT	4	COMMENTS	NO RESTRICTIONS	4	COMMENTS
MILD LOSS			RESTRICTION	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		LEUKEMIA	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		MULTIPLE	<input type="checkbox"/>	
MODERATE LOSS	4	COMMENTS	RESPIRATORY	4	COMMENTS
BOTH	<input type="checkbox"/>		ASTHMA	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		BRONCHITIS	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		CYSTIC FIBROSIS	<input type="checkbox"/>	
SEVERE LOSS			OTHER	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		MULTIPLE	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>				
LEFT	<input type="checkbox"/>				
WEARS AID	4	COMMENTS	DERMATOLOGY	4	COMMENTS
BOTH	<input type="checkbox"/>		ACNE	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		ECZEMA	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		PSORIASIS	<input type="checkbox"/>	
			OTHER	<input type="checkbox"/>	
			MULTIPLE	<input type="checkbox"/>	
TUBES IN EAR(S)	4	COMMENTS	ENDOCRINE	4	COMMENTS
DATE:	<input type="checkbox"/>		DIABETES	<input type="checkbox"/>	
AFF. EAR:	<input type="checkbox"/>		HYPERTHYROID	<input type="checkbox"/>	
EAR INFECTIONS	<input type="checkbox"/>		HYPOTHYROID	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
MULTIPLE	<input type="checkbox"/>				
ALLERGIES	4	ANA KIT:	MUSCULOSKELETAL	4	COMMENTS
BEE STING	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	OSTEOARTHRITIS	<input type="checkbox"/>	
DRUG	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	RHEUMATOID ARTHRITIS	<input type="checkbox"/>	
FOOD	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MUSCULAR DYSTROPHY	<input type="checkbox"/>	
INSECT BITES	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	OSGOOD-SCHLATTER	<input type="checkbox"/>	
HAYFEVER	<input type="checkbox"/>		SCOLIOSIS	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
MULTIPLE	<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 YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOTES
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HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason: DATE: D ____ M ____ Y ____ REASON:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOTES:
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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: _____