Vilseck High School

Vilseck GERMANY

Enrollment Packet

Registration Information

Vilseck High School Registration Packet:

- Welcome: Vilseck High School Principal's Letter
- Student Registration - DoDEA Form 600
- Registration Questionaire - DSE Form 910-R
- Verification of Civilian Employment - DSE Form 802
- Confirmation of Status - DSE Form 803
- Student Registration - DoDEA Form 600A
- Student Health History - Form 120.1
- Certificate of Immunization – DS Form 122
- Resource Assistance Information
- VHS Dress Standards
- DoDDS Weapons Policy
- SOP for Reporting Absences from School
- Contact Information and Threatcon Information
- Student Computer and Internet Access Agreement
- Publicity Permission Form

Required Documents for Registering Students:

- Copy of the sponsor's current orders indicating the command sponsorship of the student or DSE Form 803 or Extension Orders (Military)
- Copy of the sponsor's current orders, RAT orders or DSE 802 (Regular Civilian or TP Employee)
- Shot Record
- Kindergarten and Grade 1 Registration - Birth Certificate/Passport

Online Registration
Registering students online allows parents/guardians the opportunity to complete the required documents from home. Note: please print all of the documents and bring them to the school with you to complete the registration process.

Enter Online Registration Site

Guidelines for Free and Reduced Lunch
Free and Reduced Lunch Application
**For additional registration information, contact the local school registrar.
**Other documents for enrollment verification: social security card of student (no copies), passport, ID card.

DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE PRINCIPAL
VILSECK HIGH SCHOOL
APO AE 09112

Welcome to Vilseck High School, Home of the Falcons!

It is the mission of Vilseck High School students, sponsors, staff, and community to ensure that all students attain proficiency in the DoDEA content and performance standards to further intellectual development and excellence.

Our vision is for Vilseck High School to become a model of academic proficiency and excellence.

We want to provide you with an exemplary education that inspires and prepares you for success in a dynamic, global environment.

The principles of success for all students, trust and respect for others, uncompromising advocacy for students, development of lifelong learners, equal access to quality, rigorous education, new and motivating challenges to inspire excellence, teaching with high expectations, and a safe and stable learning environment will guide us as we strive for excellence.

You are important. I encourage you to be both a student and a citizen. We can have a great school if you are an integral part in what happens here. Not only do we offer great academic programs but our extra-curricular programs are exceptional as well. There are offerings for everyone and I hope you take the time to become involved while a student at Vilseck High School. You can be successful. Welcome!

Duane S. Werner
Principal

DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE PRINCIPAL
VILSECK HIGH SCHOOL
Unit 28041
APO AE 09112

Print Student Name: _____

Date: _____

I have presented the following student records (please check one)

_____ **Official** _____ **Unofficial** _____ **No Records**

FROM: _____
School Name

_____
Address

_____
City/State/ZIP

Phone/Fax _____

POC: _____

I understand that if records are incomplete my student may be admitted as a provisional student for placement purposes.

Parent Signature: _____

Accepted: _____ **(Registrar)**

Date: _____

DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE REGISTRAR

VILSECK HIGH SCHOOL
Unit 28041
APO AE 09126

REQUEST FOR STUDENT RECORDS

DATE: _____

TO: (COMPLETE SCHOOL ADDRESS)

Phone #_____ **FAX #** _____

Student Name_____ **DOB**_____ **Last Grade**_____

I, _____**, hereby request and authorize records and files for the above new student(s) to be sent to Vilseck High School.**

_____
Sponsor/Parent Signature

Linda Ware
VHS Registrar

Linda.Ware@eu.dodea.edu

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION (SY 07-08)

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 (MMMDDYYYY)	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 (MMMDDYYYY)	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 (MMMDDYYYY)	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

CONTINUED ON REVERSE

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. Pager Number	22. Reserved	23. Local Use

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 (Optional)	25b. Contact 2 Duty Phone (Optional)	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)	25e. Local Use	

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
		36. School Name	
		37. Orders on File / Verified	Y N
27. Exceptions (If none, enter NONE)		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	

DoDDS - EUROPE
REGISTRATION QUESTIONNAIRE
SPONSOR CATEGORY FOR SCHOOL YEAR 2007 /2008

This questionnaire 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 *Student Information System (SIS)*. This form in itself does not grant eligibility. Please check/circle the appropriate category code and attach the documentation required to support enrollment to this form. Failure to provide current eligibility documents will delay enrollment of the listed student(s). All sponsors enrolled in Categories 2, 3, & 4 are required to sign for the DoDEA regulation 1030.1 (Space available eligibility requirements for education of minor dependents in the overseas are, APRIL 04, 2005) and Category 1G, 1H, 2 & 4 is also required to receive the Tuition payment procedure letter.

NAME OF STUDENT(s): _____ _____

NAME OF STUDENT(s): _____ _____

NAME OF STUDENT(s): _____ _____

CODE	DESCRIPTION	DOCUMENTATION REQUIRED (REGISTRAR CIRCLE ITEMS PROVIDED)
CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION FREE - SPACE REQUIRED)		
1A	ARMY	B or B + C or D or E
1B	NAVY	B or B + C or D or E
1C	MARINES	B or B + C or D or E
1D	AIR FORCE	B or B + C or D or E
1E	U.S. COAST GUARD	B or B + C or D or E
1F	Full Time DOD US Citizen/National Civilian	B or B + C or D + N or M
1J	Full Time NAFI US Citizen/National Civilian	B or B + C or D + N or M
CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION PAYING – SPACE-REQUIRED)		
1G	MAP + FMS (AGENCY PAYS)	B or B + C or D or E
CATEGORY 1. COMMAND-SPONSORED DoD - (TUITION PAYING – SPACE-CREATED)		
1H	US CONTRACTORS (TUITION PAYING)	A + N ***or M***
CATEGORY 2. FEDERALLY CONNECTED (FC) PERSONNEL - (TUITION PAYING - SPACE AVAILABLE)		
2A_____	U.S. GOVERNMENT (Example: State DEPT, FAA, GAO, US CIVILIAN NATO, ETC.)	B or B + D or N or M
2B	PART TIME NAFI and Part time Appropriated Funds Employees	D + N or M
2C_____	U.S. INTEREST (Example: Red Cross, Boy/Girl Scouts, USO Active Duty TDY, NG/Reservist activated less than 180 Days	D or G + N or M (Reservist G + N ***or M***)
2D_____	FOREIGN SERVICE (Foreign DoD Member serving with NATO, UN, ETC.)	I
CATEGORY 3. NON-COMMAND-SPONSORED DoD - (TUITION FREE – SPACE-AVAILABLE)		
3A	Permanently assigned **ARMY** & NG/Reservist activated 180 days or more	B + N or M
3B	Permanently assigned **NAVY** & NG/Reservist activated 180 days or more	B + N or M
3C	Permanently assigned **MARINES** & NG/Reservist activated 180 days or more	B + N or M
3D	Permanently assigned **AIR FORCE** & NG/Reservist activated 180 days or more	B + N or M
3E	Permanently assigned **US Coast Guard** & NG/Reservist activated 180 days or more	B + N or M
3F	***APF sponsors living apart from family overseas***	***B or D + N or M***
3G	SPECIAL CASE (***Category 1A-G + 1J sponsors who transfers, dies or retires after the start of the current school year***, previously enrolled New USO students, other Secretary of Defense Waivers)	P
3J	***NAFI sponsors living apart from family overseas***	***B or D + N or M***
3P	NIS/PFP	I + K
CATEGORY 4. OTHER NON-FEDERALLY CONNECTED - (TUITION PAYING - SPACE AVAILABLE)		
4A	U.S. CITIZEN (PL99-145)	J + O
4B	FOREIGN NATIONAL (PL99-145)	J + O
4C	OTHER U.S. CITIZEN (Retired Military or US Tourist)	J
4D	OTHER FOREIGN NATIONAL (Host Nation Civilians)	J + O

I VERIFY THAT THE CATEGORY CODE AND DOCUMENTATION PROVIDED IS CORRECT

_____ DATE_____
SIGNATURE OF SPONSOR or SPOUSE

NOTED_____
(REGISTRAR INITIAL)

DSE FORM 910-R (Revised MAR07) – Corrected 16Mar07

DSE 910- R (Registration Questionnaire documentation information)

DOCUMENTATION NEEDED TO VERIFY SPONSOR CATEGORY (IAW DoDEA DIRECTIVE 1342.13)

A. US Government Contractors-Logistical support section of the employees contract Providing DoD Schooling or DOCPER Technical Expert Status Accreditation (TESA) Agreement memorandum or DD1172-2 (Common Access ID Card Application) issued by DOCPER or copy of either the employees Contractor's ID Card or spouses ID card

B. Sponsor's PCS orders listing family members. US Citizen NATO – Documentation that identifies the Sponsor as a US Citizen serving with other Allied Forces.

C. Orders for Designated Location Move (DLM) of Dependents listing family members

D. DSE form 803 Confirmation of Status (MILITARY) validated by the Installation Military Personnel Office or DSE 802 Appropriated/Non Appropriated funds US Civilian Verification form or other employment Documentation from the servicing Human Resource/Civilian Personnel Office Validating employment Overseas. All USO Employees need documentation from the servicing Human Resource/Civilian Personnel Office validating employment overseas.

E. Approved Command Sponsorship listing student(s) issued by the Installation Military Personnel office or Civilian/Human Resource Office.

F. Death Certificate and/or Documentation showing sponsor died while entitled to Active Duty Pay or compensation or eligible within a 1-Year period.

G. CONUS base Active duty US Military/DOD Civilians TDY orders. ***National Guard/Reservist orders reflecting Activation.***

H. Proof of Custody/guardianship or wardship at sponsor's death or birth certificate with the deceased sponsor as one of the biological parents and proof that the surviving spouse of child has a specific relationship to the overseas Country (presence of family, Citizenship or relationship)

I. Documentation, which identifies the Sponsor as a Foreign DoD Member serving with the Allied Forces.

J. *Passport

K. Approval of the Position as PfP or NIS from the National Military Representative (NMR), ***or Allied Joint Force Command HQ Brunssum Memo or US Embassy approval Ankara for NIS billets.***

L. TAMP ID CARD AND DOCUMENTATION (SEE * BELOW)

M. In Loco Parentis (ILP) Documentation: Court Order granting Adoption, Guardianship, Custody or Wardship, ILP Affidavit (DSE801-R) and DoDDS-Europe approval (See ** below). Family Care Plan Determinations (CONUS Base single parent, dual military deployments in support of Operation Iraqi/Enduring Freedom) – Memorandum from Unit Commander or first 06 in the chain of command requesting exception to policy for enrollment of deployed family members, deployment order reflecting the number of days deployed (this can also be included in the exception to policy memo), portion of the Family Care Plan reflecting a person who resides in an overseas location as the Family Care Provider (FCP). Power of Attorney granting the FCP the right to act on behalf of the deployed sponsor(s), when an emergency arises at the school. DoDDS-E approval prior to enrollment.

N. **Birth Certificate reflecting biological connection between the child and sponsor. If the child is biologically connected to the spouse a copy of the marriage and birth certificate is required. If neither are connected no enrollment without DoDDS-E approval. Student ID card - ***Please ensure that the correct sponsor name is on the student ID Card***

O. Installation pass granting access from the local Installation Commander Office

P. Category 3G; Special case; Death of sponsor while entitled to Active Duty pay or Civilian compensation or eligible within a 1-Year period (need documentation listed in block "F" and "H" above to support enrollment.

Explanation: of Category 3P: Partnership for Peace (PfP) program currently in DoDDS; SHAPE, Brussels EHS, AFNORTH ES/HS, and Naples ES/HS. The Newly Independent Nations Waiver (NIS) is applicable at Ankara ES/HS.

* For the applicability of documentation for code "L" (listed above) refer to the relevant category section (either category 1 or 3) in the current Student Eligibility and Enrollment Data Handbook.

* * All requests for In Loco Parentis enrollments (Code "M & N" above) must be submitted to the Eligibility POC at DoDDS-E for determination before the student(s) can attend.

Verification of Civilian Employment

School Year:_____

RETURN TO: _____. Attn: Office of the Registrar
Name of school

The Certification date of this form must be on or NLT 48 hours after the start of the current school year and cannot be post dated

EMPLOYEE'S NAME: _____ SSN: _____
Please print Last, First, MI

DSN Telephone number _____ Home Tel# _____

REQUESTING EMPLOYEE OR SPOUSE SIGNATURE: _____

STUDENT NAME/GRADE: _____

STUDENT NAME/GRADE: _____

STUDENT NAME/GRADE: _____

STUDENT NAME/GRADE: _____

TO BE COMPLETED BY THE CIVILIAN PERSONNEL OFFICER:

The employee listed above is a **US Citizen/Green Card bearer, full-time** DoD civilian paid with appropriated or nonappropriated funds. **Yes** ☐ **No** ☐

Employee CONUS hire: **Yes** ☐ **No** ☐

Employee who are locally hired effective date of employment _____

Overseas Tour Expiration Date: _____

Note : If the overseas tour of duty is indefinite a new form is required to support enrollment at the start of every school year.

CERTIFICATION SECTION
To be completed by the Civilian Personnel Office:

I have reviewed this employee's status and certify to the correctness of the above statement.

_____ _____ _____
Typed Civilian Personnel Officer, Grade and Title Signature Date

Contact Phone Number: _____

Form may be used to verify employment in the absence of an SF50, verification of DEROS for the current school year.

DSE FORM 802 (Aug 2006)

CONFIRMATION OF STATUS
(DEPENDENT CHILDREN)

Purpose: **Today's date:** _____

The information on this form is required to determine the eligibility status of the dependent(s) of the sponsor listed, and is being requested by that sponsor. Failure to provide this information may result in the dependent(s) being denied enrollment in DoDDS schools. Please complete the identifying information below. Your Personnel Office should then complete the applicable sections A and/or B, and both Sponsor and Personnel Officer verify by signature below.

SPONSOR _____ ***SSN*** _____ ***GRADE*** ___

UNIT OF ASSIGNMENT: _____

ASSIGNMENT ORDERS, DATE AND ISSUING HQ: _____

DATE OF TOUR CONCLUSION PER ABOVE ORDERS: _____

SECTION A: DEPENDENT CHILDREN

The above-cited orders do not reflect transportation of the following individual(s) claimed as dependent(s) by the above sponsor:

NAME: _____ *BIRTH DATE:* _____

NAME: _____ *BIRTH DATE:* _____

NAME: _____ *BIRTH DATE:* _____

NAME: _____ *BIRTH DATE:* _____

As Personnel Officer for the above individual, I certify that the dependent(s) listed is (are) authorized transportation to and/or from the sponsor's location of assignment at U.S. Government expense but were not listed on the above orders because:

SECTION B: LENGTH OF TOUR

The above-cited orders do not reflect that the sponsor's tour has been extended to cover the current school year enrollment period. As Personnel Officer for the above individual, I certify that this sponsor's tour has been extended until _____. Documentation to demonstrate this approved extension is attached. **This information was not reflected on amended orders because:**

_____

REQUESTING SPONSOR'S SIGNATURE PERSONNEL OFFICER'S PRINTED NAME & SIGNATURE

_____

SPONSORS DUTY PHONE NUMBER **Personnel Officer's Duty Phone number**

DSE FORM 803 (REV MAY 00)

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.

Race/Ethnicity questions comply with OMB Standards for Maintaining, Collecting, and Presenting Data for Race and Ethnicity, dated 30 Oct 97

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 and Another Language (B)**

Language(s) Learned: _____

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

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 http://www.defenselink.mil/privacy/notice/osd

THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT

Child's Name: _____ ***Date:*** _____

Grade:_____ **Date of Birth:**_____ **Age:** _____

1. What language is commonly spoken in your home?
   ___English ___ Another Language (Please specify) _____

2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)
   ____ No ____ Yes If yes: What language is spoken? _____

3. What language did your child use when he/she first began to talk?
   ___English ___ Another Language (Please specify) _____

4. Has your child attended English speaking schools?
   _____ No _____ Yes If yes: How many years? _____

5. What language does your child read and/or write?
   ___English ___ Another Language (Please specify) _____

6. What language do you most often use when speaking with your child?
   ___English ___ Another Language (Please specify) _____

7. What language does your child use most often when speaking to you?
   ___English ___ Another Language (Please specify) _____

8. If your child is cared for by another person on a regular basis, what language is most often used?
   ___English ___ Another Language (Please specify) _____

9. Do you as a parent need to communicate with the school in a language other than English?
   _____ No _____ Yes If yes, in what language? _____

Continued on the next page

ESL Home Language Questionnaire (cont.)

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 Date

To be completed by ESL Teacher:

Recommendation: _____ Proficiency Testing _____ Records Review _____ No ESL Services Required

Signature of ESL Teacher: _____ Date: _____

Distribution: Original to Student's Cumulative File, Copy to ESL Teacher

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

STUDENT HEALTH HISTORY

INSTRUCTIONS: 1. SPONSOR/PARENT IS TO COMPLETE ONE (1) COLUMN YEARLY 2. CHECK ALL CONDITIONS THAT APPLY for CURRENT SY

Student #_____ Grade_____	STUDENT'S NAME (Print) LAST FIRST MI HP: DP: CP: email:	CHECK ✓ Female ☐ Male ☐	Date of Birth: ___/___/___ mo day yr

HEALTH HISTORY

VISUAL DEFECT	Yr.1	2	3	COMMENTS	CARDIOVASCULAR	Yr. 1	2	3	COMMENTS
WEARS GLASSES	☐	☐	☐	For Reading ONLY	SICKLE CELL DISORDER	☐	☐	☐	
CONTACTS	☐	☐	☐		ANEMIA	☐	☐	☐	
COLOR BLIND	☐	☐	☐		CONGENITAL HEART	☐	☐	☐	
OTHER	☐	☐	☐		RHEUMATOID HEART	☐	☐	☐	
HEARING DEFECT					HEART MURMUR	☐	☐	☐	
EAR INFECTIONS Frequency:	☐	☐	☐	Last Date:	RESTRICTIONS YES ☐ NO ☐	☐	☐	☐	(Explain)
TUBE IN EAR(S) Left Right	☐	☐	☐	Date of insertion	OTHER	☐	☐	☐	
HEARING LOSS					**RESPIRATORY**				
MILD Left Right	☐	☐	☐	Date Diagnosis	ASTHMA Date of Diagnosis:	☐	☐	☐	**Inhaler needed @ school** YES ☐ NO ☐
MODERATE Left Right	☐	☐	☐	Date Diagnosis	BRONCHITIS	☐	☐	☐	
SEVERE Left Right	☐	☐	☐	Date Diagnosis	CYSTIC FIBROSIS	☐	☐	☐	
HEARING AID(S) Left Right	☐	☐	☐	Date	+ IPPD or TUBERCULOSIS date CXR normal or _____ date	☐	☐	☐	Treated with INH x _____ completed date _____
CONGENITAL EAR DEFECT Left Right	☐	☐	☐		NOSEBLEEDS	☐	☐	☐	Frequency
ALLERGIES				**EPI PEN / ANA Kit**	SINUSITIS	☐	☐	☐	Frequency
BEE STING	☐	☐	☐	YES ☐ NO ☐	**DERMATOLOGY**				
FOOD (SPECIFY)	☐	☐	☐	YES ☐ NO ☐	PROBLEMS WITH BODY PIERCING/TATOOS	☐	☐	☐	
DRUG (SPECIFY)	☐	☐	☐	YES ☐ NO ☐	FEVER BLISTERS COLD SORES	☐	☐	☐	
ENVIRONMENTAL	☐	☐	☐		CONTACT DERMATITIS	☐	☐	☐	
SEASONAL	☐	☐	☐		ACNE	☐	☐	☐	
LACTOSE INTOLERANCE	☐	☐	☐		ECZEMA	☐	☐	☐	
ENDOCRINE					DANDRUFF	☐	☐	☐	
DIABETES Date of Diagnosis	☐	☐	☐	**Insulin needed @Home/@School** YES ☐ NO ☐	TINEA (RINGWORM) Body ☐ Head ☐ Feet ☐	☐	☐	☐	
HYPERGLYCEMIC	☐	☐	☐		**MUSCULO/SKELETAL**				
HYPOGLYCEMIC	☐	☐	☐		ARTHRITIS	☐	☐	☐	
THYROID DISORDER	☐	☐	☐		MUSCULAR DYSTROPHY	☐	☐	☐	
PARASITES (HISTORY OF)					HISTORY OF FRACTURE Explain	☐	☐	☐	
MALARIA	☐	☐	☐		SCOLIOSIS	☐	☐	☐	
PIN WORMS	☐	☐	☐		DEFORMITY Explain	☐	☐	☐	
SCABIES	☐	☐	☐		HERNIA	☐	☐	☐	
HEAD LICE	☐	☐	☐		OSGOOD-SCHLATTER	☐	☐	☐	

CONTINUE ON REVERSE SIDE

STUDENT HEALTH HISTORY -- CONTINUED

NEUROLOGY	Yr.1	2	3 COMMENTS	GASTROINTESTINAL/ GENITOURINARY	Yr.1	2	3 COMMENTS
CEREBRAL PALSY	☐	☐	☐	BLADDER CONTROL PROBLEMS Explain	☐	☐	☐
SEIZURE DISORDER Date of last seizure	☐	☐	Medication needed @Home/@School YES ☐ NO ☐ Name of Rx:	URINARY TRACT INFECTION Explain Frequency	☐	☐	☐ Date of last infection
MIGRAINE Specify Frequency Date of last seizure	☐	☐	Medication needed @Home/@School YES ☐ NO ☐ Name of Rx:	BOWEL CONTROL PROBLEMS Explain	☐	☐	☐
SPINA BIFIDA	☐	☐	☐	**DENTAL**			
SLEEP DISORDER	☐	☐	☐	BRACES	☐	☐	☐
HEADACHES Specify Frequency	☐	☐	☐	CAVITIES: Date of last Dental Exam			☐
MEDICAL/ BEHAVIORAL				CANKER SORES			☐
ATTENTION DEFICIT (HYPERACTIVITY) DISORDER ADD/ADHD	☐	☐	☐ Date of Diagnosis Medication needed @Home/@School YES ☐ NO ☐ Name of Rx:	**NUTRITION METABOLIC**			☐
DEPRESSION Date Diagnosed:	☐	☐	☐ Medication needed @Home/ @School YES ☐ NO ☐ Name of Rx:	NUTRITIONAL PROBLEMS Explain	☐	☐	☐
AUTISM	☐	☐	☐	OVERWEIGHT/OBESE	☐	☐	☐
SUICIDAL History of	☐	☐	☐ Date	POOR APPETITE	☐	☐	☐
SUBSTANCE ABUSE History of	☐	☐	☐ Circle: Drugs, Alcohol, Tobacco, and/or Inhalants Date	**MISCELLANIOUS** Had the chicken pox			If yes, when
ANOREXIA	☐	☐	☐	THUMBSUCKING	☐	☐	☐
BULIMIA	☐	☐	☐	MOTION SICKNESS	☐	☐	☐

MEDICATION AND HOSPITALIZATION

	Yr. 1	2	3	Comments
DOES YOUR CHILD NEED TO TAKE DAILY MEDICATIONS AT SCHOOL? Hold Harmless (DSPA Form 126) permission for medication form **MUST** be signed by a physician and a parent and **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*):	YES☐ NO ☐	YES☐ NO ☐	YES☐ NO ☐	
HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason: Date: _____ Length of Hospitalization____ SPECIFY REASON:	YES NO	YES☐ NO ☐	YES☐ NO ☐	Comments

SPACE BELOW FOR PARENT TO PROVIDE ADDITIONAL INFORMATION CONCERNING OTHER MEDICAL CONDITIONS.

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 Health Office 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

Year 1 Parent/Sponsor's Signature	**Date:**
Year 2 Parent/Sponsor's Signature:	**Date:**
Year 3 Parent/Sponsor's Signature:	**Date:**

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
IMMUNIZATION REQUIREMENTS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, 126, 2164 and 20 U.S.C. 921-932; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

PRINCIPAL PURPOSE: The information may be used within the Department of Defense (DoD) to determine what immunizations have been administered for purposes of determining enrollment eligibility and for use in preserving school health.

ROUTINES USE(S): The Department of Defense Education Activity (DoDEA) may release information without prior consent with the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a(b). In addition, in accordance with 5 U.S.C. 552a(b)(3), information contained therein may be disclosed outside the DoD as a routine use pursuant to "Blanket Routine Uses," as published at http://www.defenselink.mil/privacy/notice/osd, for example, for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: 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.

Students who enroll in DoDEA schools MUST meet specific immunization requirements. These requirements, displayed below, represent the minimum requirement and do not necessarily reflect the optimal immunization status for a student. This copy of the DoDEA Immunization Requirements is provided to parents for informational purposes. This form does not need to be completed by medical authority. However, some type of medical proof of immunization must be completed by medical authority and provided to school officials at the time of initial registration. This form may be used by medical officials if so desired. If this form is used by medical officials, page 4 must be completed.

STUDENT: _____ **Date of Birth** (MM/DD/YY): _____

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DoD REQUIREMENTS *
Diphtheria, Tetanus, Pertussis e.g., DTP, DtaP, DTwP, DT, DtaP-Hib, DtaP-HepB-IPV, Tdap,Td	#1			**Four (4) doses.** At least one dose must be administered **after** the 4th birthday. ***ACIP Recommendation:** • The usual schedule is a primary series of 4 doses at 2m, 4m, 6m, and 15-18m of age. • If the fourth dose of DT, DTP or DTaP is administered before the fourth birthday, a booster (fifth) dose is recommended at 4–6 years of age (5[a]). **Td or Tdap booster doses:** A single Tdap booster dose is recommended for children 11-12 years old, if 5 years elapsed since the last dose; then boost every 10 years with Td (5[b]).
	#2			
	#3			
	#4			
	#5[a]			
	#5[b]			
Hepatitis A e.g., HepA	#1			**Two (2) doses.** **ACIP Recommendation:** • HepA is recommended for all children at 1 year of age. • The two doses in the series should be administered at least 6 months apart.
	#2			

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
IMMUNIZATION REQUIREMENTS

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DoD REQUIREMENTS *
Hepatitis B e.g., HepB, Hib-HepB, DTaP-HepB-IPV	#1			**Three (3) doses.** **ACIP Recommendation:** • The standard schedule is 0, 1 and 6 months. • The first dose is recommended shortly after birth, with the second dose administered at age 1 to 2 months. The third dose should be administered at age ≥ 24 weeks. • Merck's Recombivax-HB brand of HepB vaccine can be given as a 2-dose series for adolescents 11 to 15 years of age. **Catch-up schedule:** • 3-dose series may be started at any age. • Minimum spacing for children and teens: 4 weeks between dose 1 and dose 2, and 8 weeks between dose 2 and dose 3.
	#2			
	#3			
Haemophilus influenzae type b e.g., Hib, Hib-HepB, DtaP-Hib	#1			**Two (2) to four (4) doses.** **ACIP Recommendation:** • Primary immunization occurs at 2m, 4m, 6m, and 12m to 15m (booster dose). • For Merck's PedvaxHIB brand of Hib vaccine, 3 doses are needed (2, 4, and 12-15m). **Catch-up schedule:** • If dose 1 is given at 12-14m, give a booster dose 8 weeks later. • Unvaccinated children from the ages of 15m up to 5 years need only 1 dose. Hib is not routinely given to children **5 years old and older.**
	#2			
	#3			
	#4			
Polio e.g., IPV, DTap-HepB-IPV **Note:** Oral Polio Vaccine (OPV) counts for immunization requirements, but is no longer distributed in the U.S.	#1			**Three (3) doses.** At least one dose must be administered **after** the 4th birthday. **ACIP Recommendation:** • Usual schedule is a primary series of 4 doses at 2m, 4m, 6-18m, and 4-6 years of age. • All doses should be separated by at least 4 weeks. • If dose 3 is given after the 4th birthday, dose 4 is not needed.
	#2			
	#3			
	#4			
Meningococcal				**ACIP Recommendation:** • Meningococcal vaccine (MCV4). Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11–12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. • All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although meningococcal **polysaccharide vaccine (MPSV4)** is an acceptable alternative. • Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥ 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see *MMWR* 2005;54 [RR-7]:1-21); use MPSV4 for children aged 2–10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
IMMUNIZATION REQUIREMENTS

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DoD REQUIREMENTS *
Measles, Mumps, Rubella e.g., MMR, MMRV	#1			**Two (2) doses.** **ACIP Recommendation:** • Dose 1 is given at 12-15m of age. • Dose 2 is recommended routinely at age 4-6 years, but may be administered at any visit if 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. • Those who have not previously received the second dose should complete the schedule by age 11-12 years.
	#2			
PPD **TB tine/monovac**	**Date of last test:**	**No Vaccination Required**	**Result:** ☐ Positive ☐ Negative _____ **mm induration**	**Tuberculosis (TB) testing recommended.** Frequency determined by local medical command. If **positive**, date of chest X-ray: _____/_____/_____ Chest X-ray Results: _____ Date isoniazid (INH) treatment started: _____/_____/_____ Date INH treatment completed: _____/_____/_____
Varicella e.g. Var, MMRV	#1			**ACIP Recommendation:** • Immunize all children age 1 year and older, including adolescents who have not had chickenpox. • Susceptible children age 1 year and older receive 1 dose. • **Susceptible people age 13 and older** should receive **two (2) doses** at least 4 to 8 weeks apart. ► **Immunization is NOT required in people with a history of natural disease (chickenpox).**
	#2			
	History of naturally acquired chickenpox		**Date:**	

Notes

* Advisory Committee on Immunization Practices (ACIP).
[a] The fifth dose is not required if the fourth dose was given on or after the fourth birthday.
[b] Second dose required only in susceptible people 13 years old or older.
* The standard and catch-up pediatric and adolescent immunization schedules adopted by the CDC are posted at www.dcd.gov/nip/recs/child-schedule-color-print.pdf and www.cdc.gov/nip/recs/adult-schedule.pdf .

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
CERTIFICATE OF IMMUNIZATION

STUDENT: _____ **Date of Birth (MM/DD/YY):** _____

Immunization records for the student named above have been reviewed at _____
Location of Clinic

I certify that the minimum immunization requirements have been completed and/or initiated.

Immunizations are current until _____ **when immunization(s) is/are due.**

_____ _____
Signature and Stamp of Medical Authority **Date**

A request for an immunization waiver for **medical** reasons must be supported by official documents from a medical authority and provided to the school at the time of registration.
I certify that the minimum immunization requirements have been waived.

Immunization(s): _____ **Reason:** _____

Waiver Duration: _____ _____
Signature and Stamp of Medical Authority **Date**

RESOURCE ASSISTANCE INFORMATION FORM
VILSECK HIGH SCHOOL

STUDENT'S NAME_____ GRADE: _____

Dear Sponsor

If the above-named student participated in any of the following special programs within the past year, please indicate by placing a check next to those program(s). Thank you.

___ Special Education
___ Talented and Gifted (TAG)
___ Physical Handicap/Limitation
___ Behavioral Management
___ Reading Improvement
___ MIP/504 Plan
___ Advancement via Individual Determination (AVID)
___ English as a Second Language (ESL)
___ Speech Therapy
___ Other (Please Specify):

NOTE: If you checked any of the above programs, please make an appointment with the school counselor prior to your child beginning classes.

Sponsor's Signature: _____ Date: _____

Duty Phone: _____ Home Phone: _____

Review of Records

___There is no indication that the student requires special services at this time.
___There may be a special need. The teacher will be notified.
___The records review indicates the need for special services in the area of _____.
___The records review indicates the need for a CSC review.

_____ _____
Date Signature of Counselor

Vilseck High School DRESS STANDARDS

Vilseck High School students are expected to dress and be groomed in support of the educational program and orderly operation of the school. The following standards are designed to promote health, safety, contribute to the teaching and learning climate, and to promote a positive image in the community.

TOPS:

1. Students may wear long or short-sleeved shirts, jackets, sweaters, and sweatshirts. Vests may be worn over shirts.
2. Shirts must extend below the natural waistline or be tucked in. They may extend no lower than the end of the skirt or pant zipper (from the waist downward – see below).
3. T-shirts, undershirts and wife beaters (for males and females) may be worn only as undergarments and may not show below outer tops. Undergarments may not be visible.

SLACKS, SHORTS, CAPRIS, SKIRTS, AND SKORTS:

1. All must be secured at the natural waistline, belts are to be worn, no sagging. Oversized pants are not allowed.
2. Shorts, skirts, skorts must meet the finger tip test or measure not more than 3 inches from the knee (including the slit).
3. All must be plain or pleated style (cargo pants and jeans accepted if they meet other requirements).
4. Pajama pants or other sleepwear may not be worn. Sweats/Training type suits/Presentation suits/athletic style shorts are not permitted.

SHOES:

1. Students are expected to wear shoes with supportive soles and sides and closed toes. No flip-flops, shower shoes, or soccer sandals.
2. Shoes manufactured with buckles, Velcro clasps or shoestrings will be buckled, attached, clasped or tied securely on both feet at all times. Sandals with back straps may be worn.
3. Bedroom slippers are not permitted.

SPIRIT DAY, DRESS DAY:

1. Coaches frequently request team members to dress up the day of a game or the day of a departure for a game.
2. In support of teams, students and faculty may wear, on the game days, jeans (at natural waistline and without sag) and tops similar to those sold by school organizations for spirit.

ACCESSORIES:

1. Shirts with school related monograms and logos are permitted. All other logos must be appropriate to the educational atmosphere (without gang affiliation or sexual innuendos and promoting no drug culture, alcohol, or nicotine based products).
2. Small moderate and safe jewelry is acceptable excluding chains, spikes, or gothic jewelry.
3. Tattoos must be covered.
4. Natural style makeup only – no club or costume makeup.
5. Good manners require that hats, hoods and doo rags be removed upon entering any building and remain off while in any building.
6. Hair bands (not sweat bands) serving the purpose of holding hair in place are appropriate.
7. Hair must be well groomed and styled to allow the wearer's face/eyes to be visible. The hairstyle of any individual may not interfere with the vision, safety and health of any other individual or the educational process.

GANG AFFILIATION:

1. Clothing items, accessories and color combinations identified with gangs will not be tolerated at Vilseck High School.

All staff members are responsible for monitoring dress standard compliance. Final decision and consequences rests with administrators. NOTE: For special events, the administration, union representatives and student council may agree upon alternate dress.

DRESS STANDARD GUIDELINES

- Clothing items may not be see-through or laced.
- Spandex type items are prohibited
- Cleavage and midriffs may not show
- Strapless tops and spaghetti straps are not acceptable at Vilseck High School

I have read and understand the dress policy: _____(student) _____(parent)

DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
VILSECK HIGH SCHOOL
UNIT 28041
APO AE 09112

MEMORANDUM FOR PARENTS AND STUDENTS

SUBJECT: Weapons Policy

There has never been a significant problem with weapons at Vilseck High School. This memorandum is intended to ensure that all parents and students, especially those new to the school, have a thorough understanding of school and community policy.

Students occasionally bring to school items which they might not think of as weapons but which could possibly be used as weapons. Both DoDDS-Europe and the USAG-Grafenwoehr have zero tolerance policies on weapons. Students who bring weapons to school will receive notice of proposed expulsion from school and the School Discipline Board will deliberate the incident and proposed disciplinary action. Any incidence of weapons in the school is also reported immediately to the military police and the USAG-Grafenwoehr.

According to DoDEA Regulation 2041.1, August 16, 1996, Disciplinary Rules and Procedures: "Weapons are items carried, presented, our used in the presence of other persons in a manner likely to make reasonable persons fear for their safety. They include, but are not limited to, guns, look-alike (replica) guns, knives, razors, heavy studded or chain belt, objects designed to project a missile, explosives, mace, pepper spray, or any other similar propellant, or any other object concealed, displayed, brandished in a manner that reasonable provokes fear." Weapons could include items not designed as weapons, such as locks, rocks, bats, or even nail files if they are used, or intended to be used, to hurt others. Weapons can be any items used to hurt someone.

Any student having knowledge of a weapon or unsafe condition is responsible to report it to an adult. The student should report any alleged weapon or unsafe situation whether the student knows it to be a fact or not. Not reporting a weapon, an unsafe situation, or withholding information that could keep the school safe will result in disciplinary action.

Your signature below acknowledges receipt of this memorandum.

Duane S. Werner
Principal

_____ _____
Parent/Guardian Date

_____ _____
Student Date

DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE DIRECTOR, EUROPE
UNIT 29649 BOX 7000
APO AE 09096

August 10, 2006

MEMORANDUM FOR DISTRICT SUPERINTENDENTS
PRINCIPALS

SUBJECT: Standard Operating Procedures for Reporting Student Absence from School

Child advocacy and force protection concerns necessitate a standardized DoDDS-Europe procedure for reporting student absence from school to parents when the absence is unplanned.

EUCOM has expressed a need for a standard reporting requirement on the part of parents to report student absence from school. EUCOM will be requiring parents or guardians to notify their child's school of absences or late arrivals and ensure current contact information is on file at their child's school at all times. If contact information is not found current/correct, schools will initiate contact through the chain-of-command. When the military chain-of-command is involved, commanders will execute appropriate counseling and/or disciplinary action. EUCOM expects the following standards to meet minimum notification requirements:

a. Planned absences will be reported by the parents to the child's school no later than the day prior to the expected absence.
b. Unplanned absences will be reported to the child's school within one hour of the start of school on the day of the absence.
c. Late arrivals will be reported to the child's school within one hour of the start of school on the day of the tardiness.

In the event that a child does not have a planned absence from school and is reported by the classroom teacher to be absent, DoDDS-Europe will initiate the following procedures:

a. By 10 AM of the day of the unplanned absence, the school will contact the parent to report the child's absence.
b. If the school cannot contact the parent they should begin contacting all names on the contact list.
c. If contact information is not current/correct, DoDDS-E will initiate contact through the chain of command.

The expectations in this memorandum apply to all parents and school personnel beginning school year 2006-2007. This guidance directly supports the education, safety and enforcement of student attendance by outlining the shared responsibility for parents and schools. The requirement to report absenteeism also reinforces sound force protection measures.

Diana J. Ohman
Director, DoDDS-E

cc:
Service SLOs

HEADQUARTERS
UNITED STATES EUROPEAN COMMAND
Office of the Chief of Staff
UNIT 30400
APO AE 09131

ECCS

24 Oct 2006

MEMORANDUM FOR

Commander, US Air Forces Europe, Unit 3050, Box 1, APO AE 09094-0501
Commander, US Army Europe, Unit 29351, APO AE 09014
Commander, US Naval Forces Europe, PSC 813, Box 1, FPO AE 09620
Commander, US Special Operations Command Europe, Unit 30400, APO AE 09131
Commander, US Marine Corps Forces Europe, Unit 30401, APO AE 09107-0401

SUBJECT: USEUCOM Policy Memorandum 06-03 (Absence Reporting for Department of Defense Dependents Schools-Europe Students)

1. Child advocacy and force protection concerns necessitate a standardized European Command (EUCOM) policy regarding absence reporting for all Department of Defense Dependents Schools-Europe (DoDDS-E) students.

2. EUCOM hereby requires parents or guardians to notify their child's DoDDS-E school of absences or late arrivals and ensure current contact information is on file at their child's school at all times. If contact information is found not current/correct, DoDDS-E will initiate contact through the chain-of-command. The following standards constitute minimum notification requirements:

a. A planned tardiness or absence will be reported to the child's school no later than the day prior to the expected tardiness or absence.

b. Unplanned absences will be reported to the child's school within one hour of the start of school on the day of absence.

c. Late arrivals will be reported to the child's school within one hour of the start of school on the day of tardiness. In accordance with DoDDS-E policy, any student arriving late by 15 minutes or more must be signed into the school office by the parent/guardian/pre-authorized personnel.

3. The provisions of this policy apply to all military and DoD civilian personnel with dependents attending DoDDS-Europe schools within the EUCOM AOR. This guidance directly supports the education, safety, and enforcement of student attendance by outlining parental, school, and command responsibilities. The requirement to report absenteeism also reinforces sound force protection measures.

ECCS
SUBJECT: USEUCOM Policy Memorandum 06-03 (Absence Reporting for Department of Defense Dependents Schools-Europe Students)

4. All leaders in EUCOM share responsibility for ensuring procedures are in place to systematically safeguard our children.

William D Catto

WILLIAM D. CATTO
Major General, USMC
Chief of Staff

DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
VILSECK HIGH SCHOOL
UNIT 28041
APO AE 09112

School Year 2007 - 2008

Dear Parents and Sponsors,

Please take a moment and complete the attached form. It is necessary that we have updated records with the latest contact information.

Sincerely,

Duane S. Werner
Principal

Student name: _____ Grade level_____

Sponsor name: _____

Home telephone: _____ Sponsor Cell Phone_____

Home address: _____

Email at home: _____

Unit: _____ Duty Phone_____

Spouse's name: _____ Work Phone _____

Spouse Cell phone # _____

Name of Emergency contact: _____ Phone _____

I have read and understand the DoDDS/European Command Memorandum on School Attendance

In the event we move to **CHARLIE** or **DELTA** during the school day, please check what your student will do.

_____ Ride the school bus home

_____ I will pick my student up at school

_____ My student will walk to _____

DoDEA COMPUTER AND INTERNET ACCESS AGREEMENT FOR STUDENTS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932, authorizing DoD Directive 1342.20, "DoD Education Activity" (1992), authorizing DoD Education Activity Administrative Instruction 6600.1 (2004).
PRINCIPAL PURPOSE(S): The information on this form is used to authorize an individual student to use government-owned computer resources in accordance with, and subject to enforcement provisions of, DoD and DoDEA policies governing computer and Internet usage.
ROUTINE USE(S): Disclosure of germane information contained in this form within the Department of Defense is authorized upon a demonstrated "need to know" to perform an official duty. Routine disclosure of relevant and necessary information is authorized to agencies outside of the DoD by DoD Privacy Act Systems Notices, which may be found at http://www.defenselink.mil/privacy/notices/osd/. Records are maintained at the school level in student records for the duration of the student's enrollment.
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 the DoDEA Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students.

1. STUDENT INFORMATION *(please print or type)*

a. NAME *(Last, first, middle initial)*	b. PARENT/GUARDIAN
c. SCHOOL	d. TEACHER/GRADE
Vilseck High School	All Usage in/of School Computers

2. STUDENT AGREEMENT

I, *(print name)* _____, have received instruction in the appropriate use of DoDEA information technology resources; I have read and understood the Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students (attachment 1) and I agree to abide by them. If I violate the Terms and Conditions, I understand that I may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions.

a. STUDENT SIGNATURE	b. DATE *(YYYYMMDD)*

3. PARENT OR GUARDIAN *(If student is under the age of 18, a parent or guardian must also read and sign this agreement.)*

I, *(print name)* _____, have read the Appropriate Use of DoDEA Information Technology Resources - Terms and Conditions for DoDEA Students (attachment 1). I understand that my child must abide by these Terms and Conditions. I understand that if my child violates these standards, he/she may lose all access privileges on the DoDEA network and may be subject to school disciplinary and/or appropriate legal actions. I understand that computer and network access is being provided for educational purposes.

a. PARENT OR GUARDIAN SIGNATURE	b. DATE *(YYYYMMDD)*

E2.A1. ENCLOSURE 2 (ATTACHMENT)

E2.A1.1. USE OF INFORMATION TECHNOLOGY RESOURCES

E2.A1.1.1. Students will use DoDEA's IT resources, including computers, electronic mail, and Internet access, only in support of education and for research consistent with the educational objectives of DoDEA.

E2.A1.1.2. Students will respect and adhere to all of the rules governing access to and use of DoDEA's IT resources.

E2.A1.1.3. Students will be polite in all electronic communication. Students will use courteous and respectful language in their messages to others. Students will not swear, use vulgarities, or use harsh, abusive, sexual, or disrespectful language.

E2.A1.1.4. Students will not use DoDEA's IT resources:

E2.A1.1.4.1. To deliberately disrupt network use by others. Therefore, students will not send "chain letters" or "broadcast" messages to individuals or to lists of individuals.

E2.A1.1.4.2. To gain or attempt to gain unauthorized access to other computer systems.

E2.A1.1.4.3. To attempt to harm or destroy data of another user, the Internet, or any other network. This includes creating or knowingly transmitting a computer virus or worm or attempting unauthorized access to files, computes, or networks (i.e. "hacking").

E2.A1.1.4.4. To attempt to disable any IT security or auditing system.

E2.A1.1.4.5. To pursue private commercial business activities, including those conducted on Internet sites such as eBay.

E2.A1.1.4.6. To create, access, download, view, store, copy, send, or knowingly receive material that is illegal or offensive to others, such as hate speech or any material that ridicules others based on race, creed, religion, color, sex, disability, national origin, or sexual orientation.

E2.A1.1.4.7. To create, access, download, view, store, copy, send, or knowingly receive material that is obscene, pornographic, or sexually suggestive.

E2.A1.1.4.8. To participate in illegal or prohibited activities, such as those related to gambling, illegal weapons, or terrorist activities.

E2.A1.2. SECURITY OF DODEA IT RESOURCES

E2.A1.2.1. Security on any computer system is a high priority. Students will notify a teacher if they notice a security problem.

E2.A1.2.2. Students will only use the computer accounts issued to them and will log off the system promptly when finished. Actions performed using a student's account will be considered to have been done by that student. It is the student's responsibility to protect their account and password. Students will not give their user passwords to other individuals.

E2.A1.3. SECURITY OF DODEA IT RESOURCES

E2.A1.3.1. The use of the network is a privilege, not a right, and use which is inconsistent with these Terms and Conditions may result in the cancellation of student privileges.

E2.A1.3.2. Electronic transmissions, including electronic mail, are not private and individual communications and system access will be monitored.

E2.A1.3.3. Students who misuse DoDEA IT resources are subject to disciplinary measures such as those prescribed in DoDEA Regulation 2051.1, "Department of Defense Education Activity Disciplinary Rules and Procedures," August 16, 1996. At the discretion of the principal, the student may lose the privilege of using DoDEA IT resources permanently and may be suspended or expelled from school.

E2.A1.4. OTHER

If students have any questions about appropriate computer use, they will ask their teacher.

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 '07-'08_____ SY '08-'09_____ SY '09-'10_____ SY '10-'11_____

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.

DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
VILSECK HIGH SCHOOL
UNIT 28041
APO AE 09112

DoDDS HHS-PDMJ-466-3162

Denial of Access to Military Recruiters

Under the general provisions of the No Child Left Behind (NCLB) Act of 2001, DoD schools are required to provide armed forces recruiters access to students and student recruiting information. Upon request by military recruiters or an institution of higher education, DoDDS officials must provide high school student names, addresses and telephone listing. In essence, if a military recruiter asks for the names, addresses and telephone listings of high school students, it will provided except in the following circumstances:

> The school is a private school and maintains a religious objection to service in the armed forces that is verifiable through information or materials of the school.
>
> The school has afforded the parents the opportunity to opt out of providing This information to third parties, and the parents opted out.

A high school student or the parent of the student may request that this information not be released by completing the form below.

Request For Non-Disclosure of High School Personal Information To Military Recruiters

I object to the release of the name, address, or telephone number of_____(Student Name) to military recruiters during this school year. For students under age of 18, I understand that once this form has been signed by either the student or the parent, only the parent may change it. I also understand that if I want to change it, the parent must notify the principal in writing that the form is no longer in effect and that student information may be released.

Signature of student or parent:_____

Name of signing student or parent- please print:_____

Date:_____