



## Registration for Daegu American School

Welcome to Daegu American School PK-8 better known as DAS! We look forward to having your child/children in our school. We have assembled the data needed to register your child in school. Most of the information is self-explanatory however; if you do not understand something please leave it blank.

While you can do the paperwork prior to your arrival we cannot "officially" register your child until you visit the school.

The following is a list of documents in the registration packet that must be read and/or completed.

Documents to be Completed	To be Completed for:
Enrollment Process	NA
Student Registration Form 600	K-8
Request for Records	K-8
Parent Interview	K-8
Student Registration Form 700	K-8
Questionnaire for race/ethnicity/Home Language	K-8
ESL Home Language Questionnaire	K-8
Permission for School Health Screenings	K-8
Tuberculosis Risk Assessment	K-8
Student Health History	K-8
Immunization Requirements	NA
Immunization Records	K-8
Request for Exemption from Immunizations (Optional)	K-8
Medical Power of Attorney	K-8
Permission for school to administer medication	If your child is currently taking medication i.e. diabetes, asthma
Educational Pre-Screening	Gifted; At Risk; SPED, EFMP, 504
Dress Code	MS
Weapons Policy	PK-8
DoDEA Attendance Policy	NA
Directions for accessing Gradespeed	NA (applicable to grades 4-8)

Please bring the following documents with you when you register your child/children:

Title of Document	To be completed for:
<b>Military:</b> Sponsor's PCS orders; <b>Civilians:</b> Notification of Personnel Action <b>Or:</b> Order Extensions, amendments and command sponsorship approval letter	K-8
<b>Dependent verification (one of the following)</b> <ul style="list-style-type: none"> <li>• Birth Certificate showing link between dependent and sponsor</li> <li>• Dependent entry approval</li> <li>• Approved DEERS application form</li> <li>• Civilians: Letter of Employment with authorized dependents listed on letter</li> </ul>	K-8
<b>Copy of passport or birth certificate</b>	PK, Kindergarten, First
<b>Mailing and quarter's address</b>	K-8
<b>Local emergency contact person with cell phone number</b>	K-8
<b>Immunization/Vaccination Record</b>	K-8



**DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
DAEGU AMERICAN SCHOOL  
KOREA DISTRICT  
UNIT 15623  
APO AP 96218-5623**

DoDDS Pacific (Korea)

12 March 2012

Dear Sponsor/Parents of School Students:

As we plan for the opening of SY12-13, I want to ensure everyone is aware of the enrollment process to prevent misunderstandings when school begins in August. The following information constitutes the student enrollment priority list that is in place:

1. **Category 1:** Military and civilians on PCS orders, DoD locally hired US citizens that are employed full time and DoD contractors: **Students will be enrolled and guaranteed a classroom seat.**
2. **Category 2:** Other federal agencies that are space-available, tuition-paying: **Students will be wait listed.** They will be the first to be offered classroom seats; priority will be given to returning students first.
3. **Category 3:** Military and other special categories that are not on PCS orders and command sponsored students: **Students will be wait listed.** Priority for this category will be given to returning students of military and civilian sponsors assigned to commuting area by their initial enrollment date, new military dependents, and new civilian dependents.
4. **Category 4:** Other US citizens or Foreign Nationals: **No students will be enrolled**

Timing for enrollment will be as follows for Category 2 and 3 students:

1. On Monday, 20 August 2012 through Friday, 24 August 2012, students on the wait list will be enrolled in grades where space is available. This will be determined by the capacity of each grade level. A few spaces will be maintained for the late enrollment of Category 1 students. When notified, students need to report within five (5) working days or move to the bottom of the list.
2. On Monday, 3 September 2012, through Friday, 14 September 2012, the next group of students will be admitted. At this point, each grade will be fully enrolled to capacity.
3. After 30 September 2012, students will be admitted from the wait list, as space becomes available.

At any time if you have questions or concerns please contact the registrar, Mr. Shin at 768-9501/9531 or [james.shin@pac.dodea.edu](mailto:james.shin@pac.dodea.edu)

  
Laurel Eisinger  
Principal, DAS

**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 <input type="radio"/> M <input type="radio"/> F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission <input type="radio"/> Y <input type="radio"/> N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed <input type="radio"/> Y <input type="radio"/> N	n. Computer/Internet Permission <input type="radio"/> Y <input type="radio"/> N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? <input type="radio"/> Y <input type="radio"/> N	r. Local Use

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

3a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender <input type="radio"/> M <input type="radio"/> F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission <input type="radio"/> Y <input type="radio"/> N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed <input type="radio"/> Y <input type="radio"/> N	n. Computer/Internet Permission <input type="radio"/> Y <input type="radio"/> N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? <input type="radio"/> Y <input type="radio"/> 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. 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.		34. First Day Student Starts School (MMMDDYYYY)	35. DoDAAC
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.		36. School Name	
I verify the information is correct or has been corrected.		37. Orders on File / Verified	
27. Exceptions (If none, enter NONE)		Y	N
		Y	N
		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	



DEPARTMENT OF DEFENSE  
 DEPENDENTS SCHOOLS  
 DAEGU AMERICAN SCHOOL  
 Unit #15623  
 APO AP 96218-5623  
 DSN FAX: 768-7787  
 COMMERCIAL FAX: 011-82-53-470-7787

PACIFIC

\_\_\_\_\_  
 Date

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Complete address of previous schools)

I request you provide a copy of my child's school records (i.e. elementary report cards; official copy of my child's secondary school transcript; IEP; achievement tests; or confidential, psychological, special education, medical, ADHD records) to my child's new school at the following address:

DAEGU AMERICAN SCHOOL  
 Unit #15623  
 ATTN: Records Clerk  
 APO AP 96218-5623

The following information is provided to locate the records:

Students Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Attendance Date: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Grades Attended: \_\_\_\_\_

\_\_\_\_\_  
 Parent's Signature



8. DESCRIPTION OF CHILD AT SCHOOL (distractible, shy, conscientious, active, etc.): \_\_\_\_\_

9. DESCRIPTION OF CHILD AT HOME (behavior, attitude, play habits, etc.): \_\_\_\_\_

10. HEALTH: (restrictions, vision, hearing, speech, medication, etc.): \_\_\_\_\_

11. LANGUAGE(S) SPOKEN BY THE STUDENT: \_\_\_\_\_

12. LANGUAGE(S) UNDERSTOOD BY THE STUDENT: \_\_\_\_\_

13. SPECIAL INTERESTS/HOBBIES OF STUDENT: \_\_\_\_\_

14. STRENGTH(S) OF THE STUDENT: \_\_\_\_\_

15. WEAKNESS(ES) OF THE STUDENT: \_\_\_\_\_

16. Do you have students (birth to 21) that are not enrolled in school but may have possible handicapping conditions which may require specialized programs and/or related services?  yes  no

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION**

**FORM 700 – Consents and Authorizations**

SY \_\_\_\_ / \_\_\_\_

INSTRUCTIONS    1. Completed by Sponsor    2. Print (Ink) or type all entries.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 2164 and 20 U.S.C. 921-932.

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

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

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

1. Last Name	2. First Name	3. Student ID
		[REDACTED]

**SPONSOR OR GUARDIAN DESIGNATIONS**

**1. Field Trips:** I permit the student(s) that I am registering with this form to participate in authorized DoDEA school field trips as initiated below: **(Mark the appropriate box)**

All scheduled authorized field trips                       Individual field trip by field trip

**2. Media Release:** I give permission for my student(s) name and/or image to be used in various media including newsletters, DoDEA web sites (images only), DODEA print and video productions, military community publications, military affiliated publications (Stars & Stripes), military affiliated electronic media (AFN/AFRTS), and public media (local, host nation, U.S. national newspapers, magazines, television). **(Mark the appropriate box)**

Authorize release     Decline release

**3. Internet Agreement:** I understand that the student(s) I am registering will receive instruction in the appropriate use of DoDEA information technology resources; that in order to use DoDEA resources they must read, understand, and agree to abide by the *Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students*. If they violate the Terms and Conditions, I understand they may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions. **(Mark box indicating agreement)**

Sponsor or Guardian Agreement

**4. 11<sup>th</sup> & 12<sup>th</sup> grade students only:** I authorize the release of my students' information to military recruiters. **(Mark the appropriate box)**

Authorize release     Decline release

I verify the information is correct or has been corrected.  Signature of Sponsor _____	DATE: (MM/DD/YYYY)  _____
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# 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 BOTH SECTIONS

#### RACE / ETHNICITY (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.
- \_\_\_\_\_ **D – Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- \_\_\_\_\_ **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

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  
DEPENDENTS SCHOOLS  
DAEGU AMERICAN SCHOOL  
KOREA DISTRICT  
UNIT 15623  
APO AP 96218-5623

DoDDS Pacific (Korea)

19 October 2011

MEMORANDUM FOR SPONSORS OF SCHOOL AGE CHILDREN

SUBJECT: Immunizations

Before enrolling your child at Daegu American School, your child is required to have immunizations that are outlined in the DoDEA Immunization Requirements Form, which is available at: [http://www.dodea.edu/foia/iod/pdf/2942\\_0\\_M\\_FL.pdf](http://www.dodea.edu/foia/iod/pdf/2942_0_M_FL.pdf).

Students not in compliance with immunization requirements **will not be allowed to attend** school until they are immunization compliant or the school has a written communication from Wood Clinic requesting a waiver until the vaccine is available or until there is a scheduled appointment for the student's immunization.

You are encouraged to work with Wood Clinic to coordinate with your child's physician to obtain the required immunizations prior to the start of the school year.

Should you have a question regarding this policy please contact the school nurse, Ms. Martin, 768-9504.

  
Laurel Eisinger  
Principal, Daegu American School



DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
TAEGU AMERICAN SCHOOL  
UNIT #15623  
APO AP 96218-0005

PACIFIC

### PERMISSION FOR SCHOOL HEALTH SCREENING PROGRAMS

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Check one:

\_\_\_\_\_ I hereby grant permission for my child to participate in the annual school health screening program.

\_\_\_\_\_ I do NOT grant permission for my child to participate in the annual school health screening program.

Check one:

\_\_\_\_\_ I grant permission for my child to participate in the annual PPD/TB testing held after 1 March.

\_\_\_\_\_ I do NOT grant permission for my child to participate in the annual PPD/TB held after 1 March.

\_\_\_\_\_ My child has had a positive PPD result in the past.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

November 18, 2011

MEMORANDUM FOR RECORD

SUBJECT: Tuberculosis Risk Assessment and Testing Policy

1. USFK Command Surgeon has directed that all students attending DODEA schools in the Republic of Korea must be routinely evaluated for their risk of exposure to active tuberculosis. DODEA schools are responsible for mandating latent tuberculosis screening for all new students prior to initial registration. In addition, DODEA schools are responsible for assessing each student's risk of exposure to active tuberculosis on a yearly basis.
2. Data from the World Health Organization has proven that risk of exposure to tuberculosis is much greater in the Republic of Korea than in the United States.
3. All students attending **Daegu American School** must comply with the following guidelines:
  - a. All students will complete the **TB Screening Questionnaire** at initial enrollment and annual re-enrollment.
  - b. Prior to entry to **Daegu American School**, new students must provide evidence of a **tuberculosis skin test (PPD test)** within three months prior to registration. The test will not be considered valid unless the results have been recorded by a medical professional.
  - c. Students may be referred to a clinic or hospital for additional screening if they are assessed to be at high risk for active tuberculosis exposure.
  - d. It is highly recommended that students receive a tuberculosis skin test (PPD test) between 3 to 6 months after leaving Korea permanently.
4. The point of contact for this memorandum is DAS nurse at [Songhui.martin@pac.dodea.edu](mailto:Songhui.martin@pac.dodea.edu) , DSN: 768-9504.

Songhui Martin  
School nurse  
Daegu American School

## Tuberculosis Risk Assessment Questionnaire

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Last PPD (TB skin test) and result: \_\_\_\_\_

Please indicate "YES" or "NO" for each question:

Children may have been exposed to active TB if:

CDC/TB/Basic Risk Factors <http://www.cdc.gov/tb/topic/basics/risk.htm>

YES	NO	Risk of Active TB Exposure Usually Occurs with Close Contact to Infected Persons that are Showing Symptoms (Cough, weight loss)
		Exposure to a person diagnosed with active (infectious) TB disease
		Travel to a country that has a high rate of TB, World Health Organization country data: <a href="http://www.who.int/tb/country/data/download/en/index.html">http://www.who.int/tb/country/data/download/en/index.html</a> tables <a href="http://en.wikipedia.org/wiki/File:Tuberculosis-prevalence-WHO-2009.svg">http://en.wikipedia.org/wiki/File:Tuberculosis-prevalence-WHO-2009.svg</a> maps
		Exposed to persons who work or reside with homeless persons, injection drug users, or person with HIV infection (high rate of TB transmission)
		Exposed to persons who work in hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for HIV patients (high risk of active TB)
		Exposed to persons who have weakened immune systems from illnesses such as HIV infection, Silicosis, Diabetes Mellitus, Severe Kidney Disease, Head and Neck Cancers
		Exposed to persons who have weakened immune systems from Low Body Weight, Organ Transplants, Medical Treatments such as corticosteroids, Specialized treatments for rheumatoid arthritis or Crohn's disease

Children may be showing early signs of active TB if:

World Health Organization Communicable Diseases, Tuberculosis, Factsheets

[http://www.searo.who.int/en/Section10/Section2097/Section2106\\_10681.htm](http://www.searo.who.int/en/Section10/Section2097/Section2106_10681.htm)

YES	NO	Suspect Active TB Disease in a Child with Symptoms
		Student is ill, with a history of contact with a suspect of confirmed case of pulmonary TB
		Student who does not return to normal health after measles or whooping cough
		Student demonstrates a loss of weight, cough, and/or fever and does not respond to antibiotic therapy for acute respiratory disease
		Student with abdominal swelling, hard painless mass and free fluid
		Student with a painless firm or soft swelling in a group of superficial lymph nodes
		Student with signs suggesting meningitis or disease of the central nervous system

Parent Signature: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact email and /or phone # \_\_\_\_\_

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY**

**STUDENT HEALTH HISTORY**      **School Year:**

**INSTRUCTIONS: Parent/Sponsor/Guardian-READ CAREFULLY. CHECK (✓) or CIRCLE ALL CONDITIONS that apply to your CHILD.**

Student # _____	<b>Student's LAST Name, First Name MI (Print)</b>	CIRCLE Female Male	Date of Birth: / / month    day    year
Grade _____			

**HEALTH HISTORY**

VISUAL DEFECT		COMMENTS	CARDIOVASCULAR		COMMENTS
WEARS GLASSES	✓		SICKLE CELL DISORDER		
CONTACTS			ANEMIA		
COLOR DEFICIENCY			CONGENITAL HEART		
OTHER			RHEUMATOID HEART		
<b>HEARING DEFECT</b>	✓		HEART MURMUR		
EAR INFECTIONS Frequency:		Last Date:	RESTRICTIONS YES NO		Explain
TUBE IN EAR(S) Left Right		Date of insertion:	OTHER		
<b>HEARING LOSS</b>	✓		<b>RESPIRATORY</b>	✓	
MILD Left Right		Date Diagnosis:	ASTHMA Date of Diagnosis:		<b>Inhaler needed:</b> @ school YES NO @ home YES NO
MODERATE Left Right		Date Diagnosis:	BRONCHITIS		
SEVERE Left Right		Date Diagnosis:	CYSTIC FIBROSIS		
HEARING AID(S) Left Right		Date:	TUBERCULOSIS Date of Diagnosis:		Type of Treatment: Date of Treatment:
CONGENITAL EAR DEFECT Left Right			NOSEBLEEDS		Frequency:
<b>ALLERGIES</b>	✓	<b>Anaphylactic Kit Required</b>	SINUSITIS		Frequency:
<b>BEE STING</b>		YES NO	<b>DERMATOLOGY</b>	✓	
<b>FOOD (SPECIFY)</b>		YES NO	PROBLEMS WITH BODY PIERCING/TATOOS		
<b>DRUG (SPECIFY)</b>		YES NO	FEVER BLISTERS COLD SORES		
ENVIRONMENTAL			CONTACT DERMITITIS		
SEASONAL			ACNE		
LACTOSE INTOLERANCE			ECZEMA		
<b>ENDOCRINE</b>	✓		DANDRUFF		
<b>DIABETES</b> Date Diagnosed:		<b>Insulin needed:</b> @ school YES NO @ home YES NO	TINEA (RINGWORM) Body Head Feet		
HYPERGLYCEMIC			<b>MUSCULO/SKELETAL</b>	✓	
HYPOGLYCEMIC			ARTHRITIS		
THYROID DISORDER			MUSCULAR DYSTROPHY		
<b>PARISITES (History of)</b>	✓		HISTORY OF FRACTURE		Date:
MALERIA			SCOLIOSIS		Date Diagnosed:
PIN WORMS			DEFORMITY Explain:		
SCABIES			HERNIA		
HEAD LICE			OSGOOD-SCHLATTER		

**CONTINUE ON SECOND PAGE**

**Student's LAST Name, First Name MI (Print)**

<b>NEUROLOGY</b>	✓	<b>COMMENTS</b>	<b>GASTROINTESTINAL/ GENITOURINARY</b>	✓	<b>COMMENTS</b>
CEREBRAL PALSYP			BLADDER CONTROL PROBLEMS Explain:		
SEIZURE DISORDER		Date of last seizure: <b>Medication needed:</b> @ school YES NO @ home YES NO	URINARY TRACT INFECTION Explain Frequency:		Date of last infection:
MIGRAINE Specify Frequency		Date of last migraine: <b>Medication needed:</b> @school YES NO @ home. YES NO	BOWEL CONTROL PROBLEMS Explain:		
SPINA BIFIDA			<b>DENTAL</b>	✓	
SLEEP DISORDER			BRACES		
HEADACHES Specify Frequency			CAVITIES: Date of last Dental Exam:		
<b>PSYCHIATRIC</b>	✓		CANKER SORES		
ATTENTION DEFICT HYPERACTIVITY DISORDER ADD/ADHD		Date of Diagnosis: <b>Medication needed:</b> @ school YES NO @ home YES NO	<b>NUTRITION METABOLIC</b>	✓	
DEPRESSION Date Diagnosed:		<b>Medication needed:</b> @ school YES NO @ home YES NO	NUTRITIONAL PROBLEMS Explain:		
AUTISM			OVERWEIGHT/OBESE		
SUICIDAL History of		Date:	POOR APPEITITE		
SUBSTANCE ABUSE, History of		Circle: Drugs, Alcohol, Tobacco, and/or Inhalants Date:	<b>MISCELLANIOUS</b>	✓	
ANOREXIA			THUMBSUCKING		
BULIMIA			MOTION SICKNESS		

**MEDICATION AND / OR HOSPITALIZATION**

<b>DOES YOUR CHILD NEED TO TAKE DAILY MEDICATIONS AT SCHOOL?</b> A medication during school hours form <b>MUST</b> be signed by a physician and a parent and <b>MUST</b> accompany prescribed medications. All medications taken at school <b>MUST</b> be maintained and administered from the health office under school personnel supervision. <b>SPECIFY ALL CURRENT MEDICATIONS (to include medications taken at home):</b>	YES NO	Comments
<b>HAS YOUR CHILD BEEN HOSPITALIZED?</b> Specify the date and reason: Date: _____ Length of Hospitalization _____ SPECIFY REASON: mo/day/yr.	YES NO	Comments

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

(PLEASE PRINT)

**PRIVACY ACT NOTICE**

AUTHORITY: Sections 113, 136 and 2164 of title 10, and 921-932 of title 20 of the United States Code.

PRINCIPAL PURPOSE: To promote student's health for learning.

ROUTINE USE (S): Disclosures are authorized by 5 U.S.C. 552a(b) of the Privacy Act within DoD and outside DoD as a routine use pursuant to DoD Blanket Routine Uses set fort at <http://defenseink.mil/privacy/noticesosd>, authorized by 5 U.S.C. 552a(b)(3).

DISCLOSURE: Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.

**Parent/Sponsor/Guardian's Printed Name & Signature:**

**Date:** Month / Day / Year

DEPARTMENT OF DEFENSE  
EDUCATION ACTIVITY  
4040 NORTH FAIRFAX DRIVE ARLINGTON,  
VIRGINIA 22203-1635

*DoDEA Immunization Requirements  
November 2011*

Students who enroll in DoDEA schools are required to meet specific immunization requirements. These requirements represent the minimum requirements and do not necessarily reflect the optimal immunization status for students. Official proof of immunization must be provided to school officials at the time of initial registration and upon request of school officials to verify immunization compliance i.e. a copy of child's immunization/shot record.

The immunizations noted below are for students who are age five years old and older. For students who are under the age of five years, immunization compliance is based on the age appropriate immunization schedule established by the Advisory Committee on Immunization Practices (ACIP).

IMMUNIZATION	MINIMUM DoDEA REQUIREMENT FOR SCHOOL ATTENDANCE
+ Diphtheria, Tetanus, Pertussis DTaP, DT (5 doses)	*DTaP, DT series completed by age 4 years or on schedule for completion. If the fourth dose of DTaP, DT was administered before the fourth birthday a booster (fifth dose) is required for initial school entry.  *Tdap required at age 11 years old.
+ Hepatitis A; (2 doses)	*Series completed prior to initial entry into school or on schedule for completion.
+Hepatitis B; (3 doses)	*Series completed prior to initial entry into school or on schedule for completion.
+Measles, Mumps, Rubella (2 doses)	*Series completed prior to initial entry into school or on schedule for completion.
Meningococcal (1 dose)	*Series initiated at age 11 years. Booster at age 16 years.
+ Polio (4 doses)	*Series completed by age 4 years or on schedule for completion. If the fourth dose of Polio was administered before the fourth birthday an additional dose is required for initial school entry.
+ Varicella (2 doses)	*Series completed prior to initial entry into school or on schedule for completion.
Tuberculosis (Annually)	Routine testing is no longer necessary unless risk factors are identified as determined by local medical command.
Influenza (Annually)	Requirement determined by local medical command.

Information on immunizations and dosage scheduling provided by the Advisory Committee on Immunization Practices <http://www.cdc.gov/vaccines/recs/acip> the American Academy of Pediatrics, <http://aap.org> and the American Academy of Family Physicians <http://aafp.org>

As of July 2010, DoDEA aligned with the immunization guidance prescribed by the Interstate Compact on Educational Opportunity for Military Children. As a result, provision has been made for students transferring to a new location allowing up to 30 calendar days after enrollment to obtain any immunization(s) required by the receiving state. For a series of immunizations, initial vaccination must be obtained within 30 days of initial enrollment.

+ May be administered in additional combination vaccines.

\* Series dose spacing based on immunization schedule for persons aged 4 through 18 years.

## DEPARTMENT OF DEFENSE EDUCATION ACTIVITY IMMUNIZATION REQUIREMENTS

To enroll in DoDEA schools students MUST meet specific immunization requirements. For details: See DoDEA Immunization Requirements, November 2011. This form is provided to parents to assist with immunization documentation. Medical proof of immunizations must be completed by medical authority and provided to the school officials at the time of initial registration. Medical authorities must sign and stamp their form of choice indicating that immunization records have been reviewed and that the minimum DoDEA requirements are met. At time of registration, copies of prior immunization administration records may be requested to supplement information provided by medical authorities.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. section, 2164 and 20 U.S.C. sections 921-932.  
**PRINCIPAL PURPOSE:** To obtain immunization information needed to enroll students in Department of Defense Education Activity (DoDEA) schools and programs and to promote a safe school environment.  
**ROUTINES USE(S):** DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b) (2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/od>. Examples of release may include 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 enrollment and services.

Name (Last, First, Middle Initial)

Date of Birth (mm/dd/yyyy)

IMMUNIZATION	1 (mm/dd/yyyy)	2 (mm/dd/yyyy)	3 (mm/dd/yyyy)	4 (mm/dd/yyyy)	5 (mm/dd/yyyy)
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis A					
Hepatitis B					
Measles, Mumps, Rubella					
Measles					
Mumps					
Rubella					
Meningococcal					
Polio					
Tetanus, Diphtheria, Pertussis (Tdap)					
Varicella					
Varicella (History of disease)					
Influenza (Annual)					
PPD	Date Placed:	Date read:	Result: NEG mm POS mm	MD clearance: YES <input type="checkbox"/> NO <input type="checkbox"/>	BCG

I certify that the minimum immunization requirements have been completed, and or initiated. Immunizations are current until \_\_\_\_\_ when \_\_\_\_\_ immunization(s) is/are due. \_\_\_\_\_ (Date)

Signature and Stamp of Medical Authority / Date

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
REQUEST FOR EXEMPTIONS FROM IMMUNIZATION**

**PRIVACY ACT STATEMENT**

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

**PRINCIPAL PURPOSE(S):** This form is completed by child's parent or guardian to claim exemption from immunization requirements.

**ROUTINE USE(S):** The Department of Defense Education Activity (DoDEA) may release information without prior consent within 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.

1. **STUDENT NAME** (*Last, First, Middle Initial*)

2. **SCHOOL**

3. **GRADE**

4. **PLEASE PROVIDE AN EXPLANATION FOR THE REQUESTED EXEMPTION** (*Attach additional page if necessary*).

5. I understand that, in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the Local Military Medical Authority may order my child's exclusion from school, for my child's own protection, until the danger has passed.

a. **SIGNATURE OF PARENT/GUARDIAN/STUDENT**

b. **DATE SIGNED**  
(YYYYMMDD)

## MEDICAL POWER OF ATTORNEY

In the event that my dependent (NAME) \_\_\_\_\_, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision of or while participating in any activities sponsored by DAS, I authorize and release to any agent or employee of DAS 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 DAS will use all diligent and reasonable efforts to contact my spouse or me. If personnel of DAS 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 gastrointestinal 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.



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
EDUCATIONAL PRE-SCREENING QUESTIONNAIRE**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  Male  Female

Sponsor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
Duty Home

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 2164, 20 U.S.C. 921-932; and DoD Directive 1342.20

**PRINCIPAL PURPOSE:** The information will be used within the Department of Defense (DoD) Education Activity and DoD to determine Educational programs and interventions required to meet individual student needs. This includes programs identified for students receiving gifted education, special education, 504-disability or at risk services.

**ROUTINES USE(S):** In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 USC 552a(b)(3) and the DoD "Blanket Routine Uses," described at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices, located at: <http://www.defenselink.mil/privacy/notice/osd>.

**DISCLOSURE:** Disclosure to the DoD of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

*To better understand the educational needs of your child, please complete and return this in a sealed envelope marked "confidential" to the school principal or protected mail attachment. Sponsors or parents are asked to answer all questions and sign the form.*

**1. Gifted Education:**

- a. Has your child been formally assessed for Gifted Education:  Yes  No  
b. My child was found eligible:  Yes  No

**2. At Risk Services:**

- Did your child attend Sure Start or Head Start?  Yes  No  
Has your child received remedial reading services?  Yes  No  
Has your child received remedial math services?  Yes  No

**3. Individual Education Program (IEP):**

- a. Has your child been previously assessed:  Yes  No  
b. My child has an active IEP:  Yes  No

**4. Exceptional Family Member Program (EFMP):**

- My child is eligible/enrolled in EFMP  Yes  No

**5. My child previously received educational assistance or accommodations in a 504 Plan (non-special education assistance).**  Yes  No

- My child has a 504 Plan:  Yes  No

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date (MMDDYYYY)

## Dress Code

Students enrolled at Daegu American School are in Korea because they are accompanying either a military or civilian sponsor assigned to this area. Consistent with their status as guests in the host nation, students should refrain from wearing clothing that would offend our host country either by style or message. Additionally, dress in the school environment should contribute to the overall learning environment and should not detract from it. Opinions can and do vary about personal appearance. The expectation is for students to wear clothing that is neat and clean. Daegu American School students **should not** wear the following:

- ⇒ Halter tops, midriff tops (exposing the stomach and area above the waist), t-strap tops, see-through tops with t-strap tops, or tank tops that expose undershirts or bras (Arm holes on all shirts/blouses must be acceptable widths so as not to expose any undergarments.)
- ⇒ Pants exposing the waist or hips, or baggy pants worn excessively below the waist, i.e., rear-end area
- ⇒ Skirts and/or shorts that are shorter than mid thigh or end of fingertips with arms naturally at sides (Long skirts with slits/splits above mid-thigh are not acceptable.)
- ⇒ Clothing, jewelry, or buttons that contain offensive language (such as profanity, sexual content or racial, ethnic, and religious slurs) or display illegal substances (such as tobacco, alcohol, marijuana leaves, needles, etc.)
- ⇒ Articles that can cause injury to other students or property (studded bracelets, studded necklaces, and chains)
- ⇒ Dark glasses/shades inside the building unless medically approved
- ⇒ Headgear (males or females) such as bandannas, doo-rags, and stocking caps are not allowed on campus or at any school event. Hats and sweatbands should not be worn in classrooms, MPR, gymnasium, office area, or inside school buildings during the school day or at any in-door school events
- ⇒ 'Heelies': Shoes with wheels built into the soles present a safety hazard and will not be tolerated at school.

Any violation will result in the sponsor being called and requested to bring appropriate clothing to school before a student will be allowed to go to class.

Hats or headgear are not authorized in classrooms or assembly areas. If a student is asked to remove headgear and cooperates with the instruction, no further action is necessary. If a student becomes disrespectful or fails to obey the instructions, the penalty will be in accordance with Section A of the Table of Consequences and confiscation of the headgear. Final decisions on the appropriateness of garments will be made by the administration.

I have read this dress code and will abide by the guidance....

---

**Student Name**

---

**Date**

I have reviewed this dress code with my student and understand the expectations.

---

**Parent/Sponsor Name**

---

**Date**



DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
DAEGU AMERICAN SCHOOL  
KOREA DISTRICT  
UNIT 15623  
APO AP 96218-5623

MEMORANDUM FOR PARENTS AND STUDENTS

SUBJECT: WEAPONS POLICY

There has never been a significant problem with weapons in our schools. 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 Pacific and DoDEA have zero tolerance policies on weapons. Students who bring weapons to school will receive notice of proposed expulsion from school, and the incident and the proposed action will be deliberated by the administration. Any incidents of weapons in the school will be reported immediately to the military police, The District Superintendents Office, DoDDS Pacific, and DoDEA.

According to DoDEA Regulation 2051.1, April 4, 2008, Disciplinary Rules and Procedures, "Weapons are items carried, presented, or used in the presence of another person in a manner likely to make a reasonable person fear for their safety. They include, but are not limited to guns, look alike (replica) guns, knives, razors, razor blades, box or carpet cutters, slingshots, nun chucks, any flailing instruments such as a fighting chain or heavy studded chain belt, objects designed to project a missile, explosives, mace, pepper spray, or any other similar propellant, or any object concealed, displayed, brandished in a manner that reasonably provokes fear." Weapons could include items not designed as weapons, such as locks, 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.

Your signature acknowledges receipt of this memorandum.

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE



DEPARTMENT OF DEFENSE  
EDUCATION ACTIVITY  
4040 NORTH FAIRFAX DRIVE  
ARLINGTON, VA 22203-1635

DEC 16 2010

MEMORANDUM FOR AREA DIRECTOR

AREA SUPERINTENDENTS, CIA  
DEPUTY SUPERINTENDENTS, CIA  
DISTRICT SUPERINTENDENTS  
INSTRUCTIONAL SYSTEMS SPECIALIST,  
AREA/DISTRICT SPECIAL EDUCATION  
HIGH SCHOOL PRINCIPALS  
MIDDLE SCHOOL PRINCIPALS  
ELEMENTARY SCHOOL PRINCIPALS  
VIRTUAL SCHOOL PRINCIPAL

SUBJECT: DoDEA School Attendance

DoDEA recognizes the powerful link between successful learning and classroom attendance. Recent studies show students who are frequently absent in elementary school are likely to carry their poor attendance habits into secondary school. In addition to falling behind in academics, students who have poor attendance are more likely to get into trouble, have problems in their communities and frequently do not complete their high school education.

DoDEA policy (Administrators' Manual 1005.1, 2007 in revision, Section 14) states, "All students should attend school/class regularly and punctually." "Excused Absences" and "Unexcused Absences" are defined in this policy. Building administrators work closely with parents and community commanders to assure the educational needs of DoDEA students are met while at the same time allowing flexibility in support of families and the mission. For families making a Permanent Change in Station (PCS) DoDEA offers an Accelerated Withdrawal (Section 14.5) plan. This accelerated withdrawal provision is especially important for high school students hoping to receive full Carnegie credits for the courses they are taking. Families wishing to take advantage of the accelerated study option should notify the school, allowing time for course work completion prior to their PCS.

Another provision available to military families is stipulated in the Interstate Compact on Educational Opportunity for Military Children: "A student whose parent or legal guardian is an active duty member of the uniformed services and is called to duty for, or has immediately returned from a deployment shall be granted additional excused absences, at the discretion of the Local Educational Agency Superintendent, to visit with

the parent before the leave or deployment and/or upon return from deployment for reunification.”

A deep appreciation of attendance flexibility has been expressed by military commanders in theater. They understand the importance of balancing the student's need to get a quality education with the importance of allowing them time to be with their parent/sponsor prior to or just after deployment to a war zone. Attendance expectations should be clearly articulated and equitably enforced. Principals and district superintendents are instrumental in establishing strong communication links with community commanders, parents and students.

Consistent communication will enhance students' educational opportunities before, during, and after extended absence. Families going on "Block Leave" or planning extended absence due to a family situation are encouraged to notify the school at their earliest possible convenience, allowing preparation time for class assignments. Electronic communication is encouraged during the absence to enable the students to stay current on what is happening in the classroom when absent.

School attendance lays the foundation for a student's future academic success. Parents and students should be aware that key academic concepts are covered everyday in every classroom. Students who are missing instruction should also know they are missed by their classmates and by their teachers and welcomed back accordingly. Our students are our nation's most precious asset. Together we must do all we can to create a warm and welcoming school environment that encourages consistent school attendance.



Marilee Fitzgerald  
Acting Director



Department of Defense Education Activity  
**REGULATION**

NUMBER 2095.01  
AUG 26 2011 DATE

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EDUCATION DIRECTORATE

SUBJECT: School Attendance

- References:
- (a) DoDEA Regulation 2051.1, "Disciplinary Rules and Procedures," April 4, 2008, as amended
  - (b) DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007
  - (c) DoDEA Regulation 2740.1, "Interscholastic Athletic Program," July 6, 2006
  - (d) DoDEA Manual 2051.2, "Student Responsibilities and Privileges," February 26, 1997
  - (e) DoDEA Regulation 2000.03, "Student Grade Level Placement," March 2, 2004

1. PURPOSE. This Regulation establishes policy and assigns responsibilities for student attendance in DoDEA schools.

2. APPLICABILITY. This Regulation applies to the Office of the Director, DoDEA; the Director, Domestic Dependent Elementary and Secondary Schools, and Department of Defense Dependents Schools, Cuba (DDESS/DoDDS-Cuba); the Director, Department of Defense Dependents Schools, Europe (DoDDS-E); the Director, Department of Defense Dependents Schools, Pacific, and Domestic Dependent Elementary and Secondary Schools, Guam (DoDDS-P/DDESS-Guam), (hereafter collectively referred to as "DoDEA Area Directors"); and all DoDEA Area and District Superintendents, School Principals, Teachers, and Support Staff.

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoDEA policy that:

a. Regular school attendance correlates directly with success in academic work, improves social interaction with adults and peers, provides opportunities for important communication between teachers and students, and provides a cumulative effect of establishing life-long positive habits that are critical for developing career readiness skills and success in college.

b. School attendance is mandatory.

(1) All students are required to attend school for 180 instructional days per school year (subject to exceptions noted within this policy) to ensure continuity of instruction, successfully meet academic standards and demonstrate continuous educational progress.

(2) Except for exigent circumstances, absences such as family vacations and absences during standardized testing will be unexcused.

(3) Medical appointments and other discretionary appointments should be scheduled during non-school time to maximize student learning.

(4) School attendance is a joint responsibility between the parent or sponsor, the student, the classroom teacher, and the school. The parent or sponsor should make every attempt to ensure their children attend school each day school is in session and also establish regular communication with the classroom teacher.

(5) A student educational monitoring plan shall be implemented during all pre-approved extended absences to mitigate the negative impact on a student's educational program. This plan will provide a comparable experience to the traditional classroom or course in content, rigor, and expectations for completion of assignments.

(6) Students with excessive school absences, as defined in this Regulation, will be monitored by the Student Support Team to assist students in the completion of all required work and successfully master course objectives.

5. RESPONSIBILITIES. See Enclosure 1.

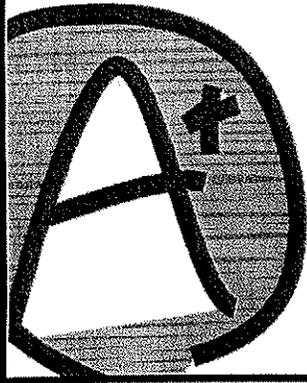
6. EFFECTIVE DATE. This Regulation is effective immediately.



Marilee Fitzgerald  
Acting Director

Enclosures

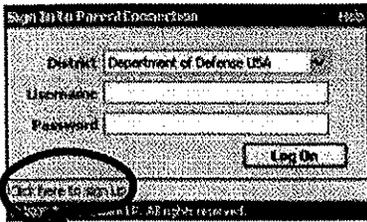
1. Responsibilities
  2. Conditions Upon Which Student Attendance is Established
  3. Importance of Parent or Sponsor Support for Regular Student Attendance
  4. Student Data Management System Process of Calculating Attendance
- Glossary



# GradeSpeed

connecting DoDEA parents & students - grades 4-12

1. Go to <http://dodea.gradespeed.net>
2. Click "Parent" in the list of choices.
3. Select the appropriate area from the dropdown and click the link in the lower left corner to sign up.



4. Fill in the blanks. You will use this username and password each time you log into GradeSpeed.

Note: Make sure your email address is correct.

5. Click Sign Up.
6. Click OK.



7. Click the "Add a Student" Link.
8. Use the Student ID number provided. Use student's full legal name. Click Submit.
9. Click OK.
10. Log off and wait a full work day for your account to be approved.

## After You Are Approved...

You can access the following features within your account by clicking the links found on the left of the screen:

- Grades** - click to view the current grade average in each class. Click the individual letter grade link to view the assignments associated with that grade. You may email the teacher from this screen by clicking the teacher's name.
- Attendance** - click to view your student's attendance info.
- Triggers** - click to set up auto-matic grade and attendance notifications.
- Calendar** - click to view school events.
- My Settings** - click to edit parent account information (name, email, address, password, etc.)

Remember: teachers' primary job is to teach your children. Please be patient when waiting for an email response. You can expect to get occasional emails from teachers containing progress reports. **Always keep your email address current.**

Each parent can  
set up their own  
account.

## Requesting an Account in ParentConnection

**Audience:** Parents/Guardians

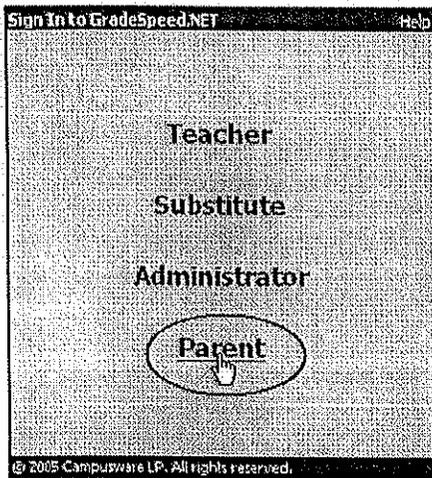
**Estimated Time taken to Perform Process:** 5-10 Minutes

**Note:** After you complete your request, your account will be active but it will not display student information until it has been approved by school level personnel.

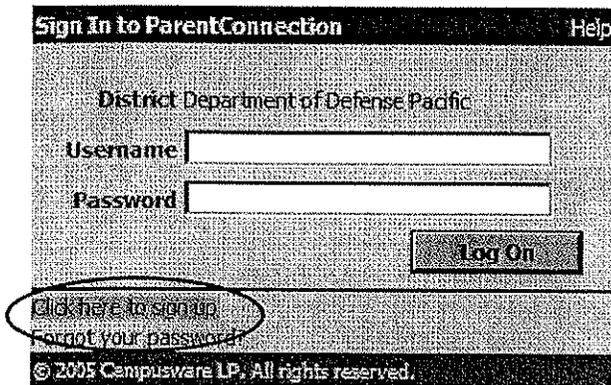
### I. Access GradeSpeed Sign-In

A. On your computer, open internet explorer and enter this address in the address line:  
<https://dodea.gradespeed.net>

B. The 'Sign In' screen appears. Click on 'Parent' to begin.



C. Once the 'Sign In to ParentConnection' screen opens, Switch to "Department of Defense Pacific" using the drop down arrow. Look to the lower left and click on 'Click here to sign up'.



### II. Parent Account Signup

A. The 'Parent Account Signup' window opens. Follow the directions noted on the screen to fill in the required fields. At this point, you may want to have a pen and paper ready in order to record the username and password you have chosen. This way you have the information ready for the next time you choose to login to ParentConnection. **Important Note:** The email address entered in the signup must match the sponsor's

email on file at the school. When you are finished, click 'Sign Up' to submit your application.

### Parent Account Signup

Help

Please enter accurate information in the following fields. This information will be compared against student records as a qualification for approval. Items with a \* are required. Please do not use nicknames, but rather your full legal name.

Username:	sampleparent *	Your First Name:	Sample * M.I. <input type="checkbox"/>
Password:	***** *	Your Last Name:	Parent
Confirm Password:	***** *	Your Address:	CMR Box 000 *
		City:	APD *
		State:	Armed forces Pacific *
		Zip:	00000 *
E-mail:	sampleparent@af.mil	Primary Phone:	
Confirm E-mail:	sampleparent@af.mil	Alternate Phone:	
<input type="button" value="Sign Up"/> <input type="button" value="Cancel"/>			

### III. Add a Student to Your Account

A. After completing the 'Signup', you will enter the ParentConnection welcome screen. Look to the bottom of the page and select 'Add a student to my account'.

Welcome to ParentConnection

**Department of Defense Pacific**

Select a section:

- Grades
- Attendance
- Calendar
- My Settings

You are currently logged in as sampleparent.

[Log Out]

Welcome to GradeSpeed ParentConnection!

Use the links on the left to view information about your students or to manage your account. Use the dropdown box to select which student you are currently viewing.

Your account currently does not have any students associated with it, or access to students has not yet been approved. Please click below to add students to your account.

[Add a student to my account](#)

B. Fill out the 'Application for Access to New Students' noting the instructions provided in the window. Pay close attention to enter the student name and birth date exactly as it appears in school records. Click 'Submit' to finish.

Welcome to ParentConnection

**Department of Defense Pacific**

**Application for Access to New Students**

Please add the information below for each new student you wish to apply for. All fields are required, and please enter the information accurately. This information will be compared against student records as a qualification for approval. Please do not use nicknames, but rather the student's full legal name.

Select a section:

- Grades
- Attendance
- Calendar
- My Settings

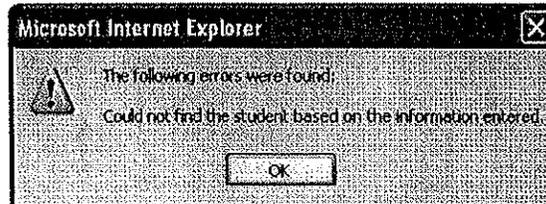
You are currently logged in as **sampleparent**. [\[Log Out\]](#)

Student First Name:	Student
Student Last Name:	Sample
Campus:	SHAPE High School
Date of Birth:	07/03/1992 * MM/DD/YYYY

C. If you enter the student information correctly, an alert will appear indicating the request is pending approval.



If you did not enter the information as it appears in school records, the error below will be displayed. You then have the option to change the information and re-submit.



D. Upon successfully submitting your application, a new screen will open showing the current students associated with your account. Notice the status of 'pending' will appear until school personnel have reviewed, approved and activated your account. Should you have additional children at the same or another DoDDS school, you can click on the 'Add Students' button to request access to them as well.

### Current Students:

Name	Student ID	Campus	Parents	Status	
Sample	00000	Kadena Middle School	1	Pending	Remove

[Add Students](#)

### IV. School Confirmation

A. Upon receipt of your application, school personnel will review your information, compare it to records on file and verify that you have access to information on the student

selected. If access is approved, an email message will be sent to the email address provided when you signed up.

B. If you would like to see the number of accounts that have requested access to your child's information, note the 'Parents' column in the 'Current Students' screen. In this example, there have been 3 requests. If you find that this number is greater than the amount of accounts you have requested, please contact the school to confirm which accounts should be active and which requests should be deleted. This number does not necessarily indicate the number of active accounts with access, but the number of requests made for access to the student.

Name	Current ID	Current	Elementary School	Parents	Pending	Remove
			Elementary School	3		

Add Students

## V. Account Settings

A. Anytime you login to your account, you can access the 'My Settings' page by clicking on the link to the left of your screen as shown below. On this screen, you can reset your password as needed and view your account profile.

My Settings:

Username: sampleparent    Name: Parent, Sample

Password: Reset Password    Address: CMR Box 000 \*

City: APO \*

Primary Phone:    State: Armed Forces Pacific \*

Alternate Phone:    Zip: 09000 \*

Email: sampleparent@af.mil

Save | Cancel

Fields marked with a \* are required.

## VI. Student Grades

A. To access student grades, first select the 'Current Student' from the dropdown list on the left side menu of the screen. Then click on the 'Grades' link under 'Select a section'. Once the screen appears, you can review assignment data for each class by clicking on the overall score for each cycle/quarter. This will open the detail area near the bottom of the page that shows all assignments divided by category. Any notes or comments for the assignments or grades will also appear.

Welcome to Parent Connection

Department of Defense Pacific

Current Student:

Select a section:

- Grades
- Attendance
- Calendar
- My Settings

You are currently logged in as  [Log Out]

### Student Grades:

Elementary School

Teacher	Course	Period	Cycle 1	Cycle 2
[Redacted]	Art 4 (4A)	1	92	
[Redacted]	Health Education 4 (4A)	1	80	
[Redacted]	Int Long Arts-Read 4 (4A)	1	85	
[Redacted]	Intercultural Ed 4 (4A)	1		
[Redacted]	Life Skills 4 (4A)	1	77	
[Redacted]	Mathematics 4 (4A)	1		
[Redacted]	Music 4 (4A)	1		
[Redacted]	Physical Education 4 (4A)	1		
[Redacted]	Science 4 (4A)	1		
[Redacted]	Social Studies 4 (4A)	1	83	

### Life Skills 4 (4A) (Period 1) 77

Grades 100 %

Assignment	Assigned	Due	Grade	Note
4	Aug-29	Aug-30	55	
5	Aug-29	Aug-30	99	
Test Assn 1	Sep-4	Sep-5		
			Average	77

Comments  
 Music Participation - P  
 Shows good sportsmanship - /

## VII. Emailing a Teacher

A. To email a teacher, you can select the teacher name (blocked for privacy in this example) from the list on the Student Grades screen. This will automatically open your email account utility (if a default is setup on your computer) and add the teacher's email address in the 'To:' line of a blank message. You can then add a message and send as you see fit.

Welcome to Parent Connection

Department of Defense Pacific

Current Student:

Select a section:

- Grades
- Attendance
- Calendar
- My Settings

### Student Grades:

Elementary School

Teacher	Course
[Redacted]	Art 4 (4A)
[Redacted]	Health Education 4 (4A)
[Redacted]	Int Long Arts-Read 4 (4A)
[Redacted]	Intercultural Ed 4 (4A)
[Redacted]	Life Skills 4 (4A)
[Redacted]	Mathematics 4 (4A)
[Redacted]	Music 4 (4A)
[Redacted]	Physical Education 4 (4A)
[Redacted]	Science 4 (4A)
[Redacted]	Social Studies 4 (4A)