

DoDEA High School Graduation Requirements

The Department of Defense Education Activity (DoDEA) is committed to academic excellence. To ensure students in the Department of Defense Dependents Schools (DoDDS) continue to have access to a quality educational program, the requirements for high school graduation have been increased.

DoDEA Graduation Requirements

Required Courses	Units
Language Arts 9, 10, 11, 12 (2 full school years of ESL may be substituted for 2 full years (two credits of English))	4
Social Studies (1 credit of U.S. History, 1 credit of World History 9 or World History 10 and 1/2 credit in U.S. Government required)	3
Mathematics (1 credit each of Algebra and Geometry are required. The third math credit must have a course code of 400 or above excluding lab classes)	3
Science (Biology is required and either a chemistry or physics credit is required. Physics Applications in the Community and Chemistry Applications meet the credit requirements for graduation)	3
Foreign Language (2 credits in the same foreign language are required)	2
Career Technical Education (1/2 credit must be in a computer technology)	2
Physical Education (PEF 301-Personal Fitness, PEL 301-Lifetime Sports and PEN 301-Physical Activity and Nutrition are required)	1.5
Fine Arts (Courses used to meet this credit must relate to: visual arts, music, theater, dance, and/or humanities)	1
Health Education	.5
Sub-total for Required Courses	20
Sub-total for Elective Courses	6
TOTAL CREDITS	26

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION**

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2164, 20 USC 921

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

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

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

SECTION I – STUDENT INFORMATION

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

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 Student

SECTION V – CONSENT and SCHOOL USE INFORMATION

<p>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.</p> <p>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.</p> <p>I verify the information is correct or has been corrected.</p>	34. First Day Student Starts School (MMMDDYYYY)	35. DoDAAC		
	36. School Name			
	37. Orders on File / Verified		Y	N
	38. Birth Date Verified		Y	N
27. Exceptions (If none, enter NONE)	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		

REQUEST FOR STUDENT RECORDS	DATE:	
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PRIVACY ACT NOTICE

AUTHORITY: Title V, USC, Section 22a

ROUTINE USES: Used by School and Records managers in all elements of DoDDS-A to request records for students enrolling. Personal data cited is derived from enrollment form and is required for records locator purposes. Release signature required under the 1974 Privacy Act to authorize transmittal of student records. A record copy of this request maintained by requestors for a five-year period for any records released to non-DoD activities.

MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: An authorizing signature is mandatory under the Privacy Act to release records. Failure to sign will result in records not being released.

TO: <i>Previous School</i>		From: <i>New School</i>	DAVID GLASGOW FARRAGUT HIGH SCHOOL PSC 819 BOX 63 FPO AE 09645 0063
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NAME OF STUDENT(S)			DATE OF BIRTH	ATTENDED YOUR SCHOOL	
Last Name	First Name	MI	Mo/Day/Yr	Withdrawal Date	Last Grade

The student(s) identified above has /have enrolled in our school. This/these student(s)'s **report card(s), cumulative folder(s), health record(s),** and any **special education record(s)** are requested.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974 (and for DoDDS-A schools, the DoDDS-A Policy statement for the Collections, Maintenance, and dissemination of Pupil Records, dated 16 September 1974), listed below is the written authorization for release of records and files for the above named student(s) to the school shown above.

I, (Sponsor) _____, do hereby request and authorize the release of records and files for the above named student(s) to the school shown above.

Signature of Sponsor (Authorizing Agent)		Date Signed
Type/Print Name of Requestor (School Personnel)	Signature	

DSA 105 (Nov 89) Previous editions are obsolete and will not be used.

**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)

_____ **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.

_____ **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.

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

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

_____ **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 (Yes or No)

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

_____ Yes _____ No

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

_____ Yes _____ No

If the answer to either question number 1 or number 2 is "yes," please complete the Home language Questionnaire.

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

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
SPECIAL RESOURCE PROGRAM
CHILD FIND

STUDENT NAME:

GRADE:

SPONSOR'S NAME:

PLEASE INDICATE IN THE TABLE BELOW WHAT PREVIOUS EXPERIENCES YOUR STUDENT HAS HAD IN THE CURRENT AND EARLIER YEARS:

PROGRAMS OR SERVICES	NO	YES	DATES THIS SERVICE WAS PROVIDED
READING IMPROVEMENT			
REMEDIAL MATH			
ENGLISH AS A SECOND LANGUAGE			
CHAPTER 1 OR TITLE 1			
GIFTED EDUCATION CLASS			
SCHOOL PSYCHOLOGIST/COUNSELOR			
OTHER			
SPECIAL EDUCATION AREA			
LEARNING DISABILITY			
VISUALLY IMPAIRED			
HEARING IMPAIRED			
PHYSICAL THERAPY			
OCCUPATIONAL THERAPY			
SPEECH/LANGUAGE THERAPY			
PHYSICALLY IMPAIRED			
INTELLECTUAL DEFICIT			
EMOTIONALLY IMPAIRED			
OTHER			

STUDENTS IN SPECIAL EDUCATION SERVICES HAVE AN INDIVIDUAL EDUCATIONAL PLAN (IEP). DID YOUR CHILD HAVE AN ACTIVE IEP IN THE SCHOOL PREVIOUS SCHOOL? **YES** **NO**

SPONSOR'S SIGNATURE:

DATE:

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; DoD Directive 1342.20, "Department of Defense Education Activity (DoDEA)," October 19, 2007

PRINCIPAL PURPOSE: To obtain parental consent and authorization needed to allow students to participate in school programs and activities and to disclose certain student information.

ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3), the DoD Blanket Routine Uses described at http://privacy.defense.gov/blanket_uses.shtml and the DoDEA routine uses found at the same URL under Secretary of Defense/Joint Staff.

DISCLOSURE: Disclosure of information (consent or authorization) is voluntary. Failure to complete the form may delay or prevent student participation in activities requiring parental authorization.

1. Last Name	2. First Name	3. Student ID

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. Directory Information: I permit basic directory information (Name, Student ID, School, Grade Level) to be shared with organizations acting under contract with or license from DoDEA to conduct certain studies or perform educational services, including the conduct of student testing and tracking post graduate student educational achievement on behalf of DoDEA.

Authorize release Decline release

3. Media Release: I grant permission for DoDEA and military public affairs to use my child's name, image, and/or student work products in various forms of print and electronic media (to include among other types of media - feature and news stories, brochures, booklets, web products, news releases, and video/audio productions) for the duration of his/her enrollment to celebrate the achievements and activities of our schools, students, staff and community members and to showcase our educational programs and service. **(Mark the appropriate box)**

Authorize release Decline release

4. 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

5. **myDATA Button Portal Account:** I would like an account to access the DoDEA myDATA Button Portal for my student(s) I have registered. I have read the DoDEA myDATA Button Portal Application Guidelines and understand that any violation of the guidelines may result in termination of my privileges to use the portal. **(Mark the appropriate box(es))**

I request access for the following: Sponsor Spouse

The school needs to verify the accuracy of the e-mail address(es) for you to receive your login and password information.

The e-mail address is correct for the **Sponsor** as indicated on the DoDEA Form 600: Yes No

The e-mail address is correct for the **Spouse** as indicated on the DoDEA Form 600: Yes No N/A

6. **11th & 12th 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.

DATE: (mm/dd/yyyy)

Signature of Sponsor _____

(FOR SCHOOL USE ONLY)

Account Creation Initiated: Sponsor

Spouse

Signature _____

DATE: (mm/dd/yyyy) _____

Terms and Conditions

I. Acceptable Use

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

II. Privileges

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

III. Internet Etiquette

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

IV. No Warranties

- A. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.
- B. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services.
- C. I understand DoDEA has no obligation or authority to defend me against any legal actions brought against me by anyone arising from my misuse of DoDEA computer resources or violations of any U.S. or foreign laws.

V. Security

- A. I understand security on any computer system is a high priority, especially when the system involves many users. I will notify my teacher if I notice a security problem. I will not demonstrate the problem to other users.
- B. I will not give my user password to other individuals. Any activity associated with my account will be considered my activity. It is my responsibility to protect my account and password.
- C. I may be denied access to the network if I am identified as a security risk.

VI. Vandalism

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