

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION**

SY _____ / _____

OMB No.: 0704-0495
OMB Approval Expires:
May 31, 2026

Please read the Privacy Act Statement and Agency Disclosure Notice on the back before completing the form.

INSTRUCTIONS: RETURN COMPLETED FORM TO THE SCHOOL WHERE THE STUDENT IS ENROLLING.

This form is completed by the sponsor, who is a parent or legal guardian, to request enrollment of his/her dependent(s) at a DoDEA school. A dependent is a minor individual who has not completed secondary schooling and who is the child, stepchild, adopted child, ward or spouse of the sponsor. The information collected is used internally to determine the student's eligibility to enroll on a tuition-free or tuition-paying basis, and whether the student is space-required or space-available. It is also used to ensure that DoDEA makes available the appropriate classrooms, staffing, and supportive educational services, places students in the appropriate grade, identifies students with special needs, and to ensure compliance with laws protecting student rights. Detailed instructions may be found on page 3 of this form.

SECTION I - SPONSOR INFORMATION

1. TITLE (Mr./Mrs./Rank)	2. SPONSOR NAME (Last, First, Middle Initial)	3. RELATIONSHIP TO STUDENT
4. TELEPHONE NUMBERS (Include Area Code or DSN)		
Home	Duty/Work	Cell
5. BRANCH OF SERVICE/PAY GRADE (Ex. E1/01/GS-1)	6. ROTATION/DEPARTURE DATE (DEROS/PRD) (yyyymmdd)	7. ORGANIZATION/UNIT
8. MILITARY INSTALLATION (City/Country of Assignment)		9. EMAIL ADDRESS
10. MAILING ADDRESS (e.g., Local/APO/FPO)(Required)		11. PHYSICAL QUARTERS (Street, City, State, & Zipcode) (Enter only if different from mailing address)

SECTION II - SPONSOR'S SPOUSE INFORMATION

1. TITLE (Mr./Mrs./Rank)	2. SPOUSE NAME (Last, First, Middle Initial)	3. RELATIONSHIP TO STUDENT
4. TELEPHONE NUMBERS (Include Area Code or DSN)		
Home	Duty/Work	Cell
5. EMAIL ADDRESS	6. DUAL MILITARY. Are both the sponsor and spouse active duty military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III - EMERGENCY CONTACT & RELEASE INFORMATION

The person(s) identified in sections 1a - 3e should be an adult who can take responsibility for the parent(s). This person(s) will be contacted if there is an emergency and the sponsor/spouse cannot be contacted. I permit the dependents that I am registering with this form to be released to the emergency contact(s) identified in this section if I or my spouse are not available.

1a. TITLE (Mr./Mrs./Rank)	1b. PRIMARY LOCAL EMERGENCY CONTACT NAME (Last, First, Middle Initial)	1c. RELATIONSHIP TO STUDENT
1d. TELEPHONE NUMBERS (Include Area Code or DSN)		
Home	Duty/Work	Cell
2a. TITLE (Mr./Mrs./Rank)	2b. SECONDARY LOCAL EMERGENCY CONTACT NAME (Last, First, Middle Initial)	2c. RELATIONSHIP TO STUDENT
2d. TELEPHONE NUMBERS (Include Area Code or DSN)		
Home	Duty/Work	Cell
3a. TITLE (Mr./Mrs./Rank)	3b. PERMANENT STATESIDE EMERGENCY CONTACT NAME (Last, First, Middle Initial)	3c. RELATIONSHIP TO STUDENT
3d. TELEPHONE NUMBERS (Include Area Code or DSN)		
Home	Duty/Work	Cell
3e. PERMANENT STATESIDE ADDRESS		

1. STUDENT LEGAL NAME <i>As it appears of the Birth Certificate including Jr., III, etc. (Last, First, Middle)</i>			2. PREFERRED NAME		3. GRADE
4. SEX (Select One) <input type="checkbox"/> F <input type="checkbox"/> M	5. DATE OF BIRTH (yyyymmdd)	6. STUDENT CELL PHONE (Include Area Code)	7. PASSPORT NUMBER (OCONUS Only)	8. PASSPORT EXPIRATION DATE (yyyymmdd)	

9. ETHNICITY & RACE
The Federal Government requires that *both* of the following questions be answered and provides only the following categories for ethnic group and race. See the instructions (page 3) for more clarification.

9a. Is the student Hispanic or Latino? (*Choose only one*)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

9b. What is the student's race?

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

10. PRIMARY LANGUAGE USED AT HOME (Regardless of the language spoken by the student)	11. WHAT LANGUAGE IS MOST OFTEN SPOKEN BY THE STUDENT?	12. WHAT IS THE LANGUAGE THAT THE STUDENT FIRST ACQUIRED?

The requested information is for use in an emergency and to ensure compliance with immunization requirements.

1. PHYSICIAN OR MEDICAL FACILITY NAME	2. PHYSICIAN OR MEDICAL FACILITY TELEPHONE NUMBER (Include area code or DSN)
3. STUDENT HEALTH HISTORY (Check & Initial) <div> <input type="checkbox"/> I have provided school officials with the DoDEA Form 6000.01, "Student Health History" </div>	4. IMMUNIZATIONS (Only for new students) (Check & Initial) <div> <input type="checkbox"/> I have provided a copy of the Immunization Record </div> <div> <input type="checkbox"/> I will provide a copy of the Immunization record. (Note: Student must comply with DoDEA policy for immunizations within 30 days of enrollment or the student is subject to disenrollment) </div>
5. DOES THE STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? (Check One) <div> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____ </div>	

I declare under the penalty of perjury that the statements made by me on this form are true, complete and correct. I understand that I must immediately report any changes that may affect my dependent student's eligibility. (Specifically, Sponsor's employment status)

Printed Name	Signature	Date (yyyymmdd)
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STUDENT NAME	STUDENT GRADE	ENROLLMENT/EMPLOYER CODE (Category Code)	FIRST DAY STUDENT STARTS SCHOOL (yyyymmdd)
SCHOOL NAME		ORDERS ON FILE/ VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	BIRTH DATE VERIFIED: Birth Certificate or Passport for PK, SS, KN and First Grade (Retain on File) <input type="checkbox"/> Yes <input type="checkbox"/> No

I VERIFY THAT THE INFORMATION IS CORRECT:

REGISTRAR NAME	REGISTRAR SIGNATURE:	DATE (yyyymmdd)
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The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, by emailing: whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. [OMB Control Number: 0704-0495] Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

AUTHORITY: 10 U.S.C. Section 2164, and 20 U.S.C. Sections 921-932.

PRINCIPAL PURPOSE(S): 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 located at <https://dodid.defense.gov/Privacy/SORNs/Index/DOD-WIDE-SORN-Article-View/Article/570573/dodea-26/>

ROUTINE 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 <https://dpdcd.defense.gov/Privacy/SORNSIndex/Blanket-Routine-Uses/> 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.

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INSTRUCTIONS FOR COMPLETING DODEA FORM 600**SECTION I - SPONSOR INFORMATION**

1. TITLE. Enter the sponsor's title as Mr., Mrs., Ms., Military Rank (SFC, LT, CDR, Etc.).
2. SPONSOR NAME. Enter the sponsor's name following the format provided.
3. RELATIONSHIP TO STUDENT. Enter the sponsor's relationship to the student (father, mother, stepfather, etc.).
4. TELEPHONE NUMBERS. Enter sponsor's telephone number including area code for the following: Home, Duty/Work, and Cell.
5. PAY GRADE. Enter the sponsor's pay grade (E1, O1, GS-1, etc.).
6. ROTATION/DEPARTURE DATE. Enter the sponsor's DEROS (Date Estimated Return Overseas) or PRD (Projected Rotation Date).
7. ORGANIZATION/UNIT. Enter the sponsor's unit or organization.
8. MILITARY INSTALLATION. Enter the military installation/base where the sponsor's unit or organization is located.
9. EMAIL ADDRESS. Enter the sponsor's email address, either work or personal email.
10. MAILING ADDRESS. Enter the sponsor's local mailing address including APO/FPO. Required.
11. PHYSICAL QUARTERS. Enter only if different from the mailing address. Street, City, State.

SECTION II - SPONSOR'S SPOUSE INFORMATION

1. TITLE. Enter the spouse's title as Mr., Mrs., Ms., Military Rank (SFC, LT, CDR, Etc.).
2. SPOUSE'S NAME. Enter the spouse's name following the format provided.
3. RELATIONSHIP TO STUDENT. Enter the spouse's relationship to the student (father, mother, stepfather, etc.).
4. TELEPHONE NUMBERS. Enter spouse's telephone number including area code for the following: Home, Duty/Work, and Cell.
5. EMAIL ADDRESS. Enter the spouse's email address, either work or personal email.
6. DUAL MILITARY. Are both the sponsor and spouse active duty military? Check yes or no.

SECTION III - EMERGENCY CONTACT & RELEASE INFORMATION

In the event of an emergency, school staff members will attempt to contact the enrolling parent/spouse/guardian first. It is very important that at least (2) local responsible adults (other than family members or friends) be listed in this section in case the enrolling parent/spouse/guardian cannot be contacted.

1. PRIMARY LOCAL EMERGENCY CONTACT.
 - a. TITLE. Enter the title as Mr., Mrs., Ms., Military Rank (SFC, LT, CDR, Etc.).
 - b. NAME. Enter the name following the format provided.
 - c. RELATIONSHIP TO STUDENT. Enter the relationship to the student (father, mother, stepfather, etc.).
 - d. TELEPHONE NUMBERS. Enter the telephone number including area code for the following: Home, Duty/Work, and Cell.
2. SECONDARY LOCAL EMERGENCY CONTACT
 - a. TITLE. Enter the title as Mr., Mrs., Ms., Military Rank (SFC, LT, CDR, Etc.).
 - b. NAME. Enter the name following the format provided.
 - c. RELATIONSHIP TO STUDENT. Enter the relationship to the student (father, mother, stepfather, etc.).
 - d. TELEPHONE NUMBERS. Enter the telephone number including area code for the following: Home, Duty/Work, and Cell.
3. PERMANENT STATESIDE EMERGENCY CONTACT
 - a. TITLE. Enter the title as Mr., Mrs., Ms., Military Rank (SFC, LT, CDR, Etc.).
 - b. NAME. Enter the name following the format provided.
 - c. RELATIONSHIP TO STUDENT. Enter the relationship to the student (father, mother, stepfather, etc.).
 - d. TELEPHONE NUMBERS. Enter spouse's telephone number including area code for the following: Home, Duty/Work, and Cell.
 - e. PERMANENT STATESIDE ADDRESS

SECTION IV - STUDENT INFORMATION

1. STUDENT LEGAL NAME. Enter the student's name as it appears on the birth certificate or other legal documentation (including suffixes, Jr., Sr., III, etc.) using the format provided. This name will appear in the Student Information System (SIS).
2. PREFERRED NAME. Enter student's preferred name.
3. GRADE. Enter the student's grade.
4. SEX. Enter the student's sex.
5. DATE OF BIRTH. Enter the student's date of birth from the Birth Certificate or other legal documentation using the format provided.
6. STUDENT CELL PHONE. Enter student's cell phone.
7. PASSPORT NUMBER. Enter the student's passport number.
8. PASSPORT EXPIRATION DATE. Enter the student's passport expiration date. It is a requirement for all students at W.T. Sampson ES/HS, Guantanamo Bay, Cuba and for high school students traveling for sports competitions.
9. ETHNICITY & RACE. Required by the Federal Government. The collection of this data is used for federal statistical purposes, program administrative reporting, and/or civil rights compliance reporting.
 - a. Is the student Hispanic or Latino? Check one.
 - i. Yes, if a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).
 - ii. No, if not Hispanic or Latino by the definition above.
 - b. What is the student's race? Check all that applies.
 - i. 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.
 - ii. 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.
 - iii. Black or African American. A person having origins in any of the Black racial groups of Africa.
 - iv. Native Hawaiian or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - v. White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SECTION V - HEALTH INFORMATION

1. PHYSICIAN OR FACILITY NAME.
2. PHYSICIAN OR MEDICAL FACILITY NUMBER.
3. STUDENT HEALTH HISTORY.
4. IMMUNIZATIONS.
5. DOES THE STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? Check yes or no. If yes, specify in the space provided.

SECTION VI - SPONSOR/LEGAL GUARDIAN VERIFICATION

Must be signed and dated (or digitally signed) by the sponsor/spouse/legal guardian. Report to the school registrar immediately if there is a change on the sponsor's employment status.

SECTION VII - SCHOOL USE ONLY

The school registrar/enrollment clerk must complete this section.