



# Welcome to Zama Middle & High School



## Registration

- Complete all forms and bring a copy of your orders to the registrar
- Make sure you bring your child's immunization records, so the nurse can review them. Your child can not attend school, until all immunizations are updated.
- After the registrar and nurse have seen you, an appointment will be made with the guidance counselor to review your child's records and set up their schedule.

## Bus Pass

The bus pass office is located on Camp Zama in Bldg 102 Room M-101 (**Student Transportation Office**). You can contact the Student Transportation Office at **263-4151**. The office hours are **Monday through Friday from 0800-1600**.

## Guidance Office

**7<sup>th</sup> & 8<sup>th</sup> Grade:** Mrs. Debbie Alcazar, 263-8914

**9<sup>th</sup> & 10<sup>th</sup> Grade:** Ms. Corri Pandaraoan, 263-5241

**11<sup>th</sup> & 12<sup>th</sup> Grade:** Mr. Korry Mial, 263-5338

## Registrars:

Mrs. Randy "Kitty" Plummer, 263-4040 (MS)

Mrs. Lisa Sinclair, 263-3181 (HS)

## Middle School Office

Mrs. Brigette Fitzgerald, 263-4005

Middle School Fax: 263-4095

**Principal:** Denise Leach

## High School Office

Mrs. Maureen Williams, 263-8668

High School Fax: 263-3826

**Principal:** Candice Wojciechowsky

**Asst. Principal:** Bernard Hipplewith

School Nurse: Sasha Wise, 263-4294

**Off Base:** 046-407- 4040 (MS) / 3181 (HS)

**From States:** 011-81-46-407-4040 (MS) / 3181 (HS)

**Fax from States:** 011-81-46-407-4095 (MS) /3826 (HS)

## Faculty and Staff Email Addresses

Teachers and staff can be reached via their school email addresses as follows:

firstname.lastname@pac.dodea.edu

For other information please see the school websites:

**For High School:** <http://www.zama-hs.pac.dodea.edu/>

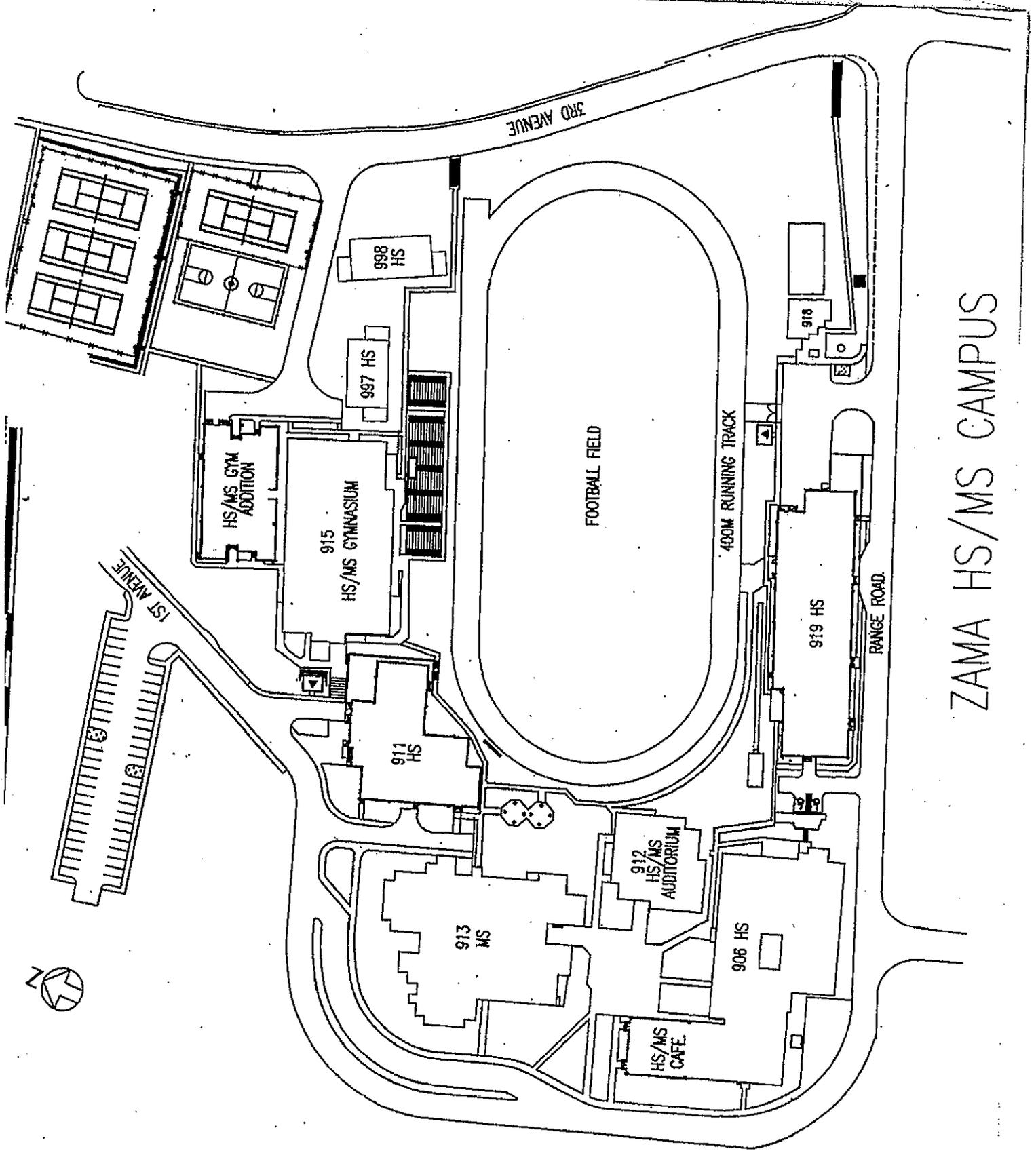
**For Middle School:** <http://www.zama-ms.pac.dodea.edu/>

## Class Schedules

Middle School- 1st Lunch	
7:15	Enter Bldg
7:25	Warning Bell
7:30-7:35	Announcements
7:35-9:00	A1/B1
9:00-9:10	Nutrition Break
9:15-10:00	A2/B2
10:05-10:45	A3/B3
10:45-11:30	Lunch
11:35-13:00	A4/B4
13:05-14:30	A5/B5

Middle School- 2nd Lunch	
7:15	Enter Bldg
7:25	Warning Bell
7:30-7:35	Announcements
7:35-9:00	A1/B1
9:00-9:10	Nutrition Break
9:15-10:00	A2/B2
10:05-10:45	A3/B3
10:50-11:30	A4/B4
11:30-12:15	Lunch
12:15-13:00	A4/B4
13:05-14:30	A5/B5

High School	
7:15	Enter Bldg
7:25	Warning Bell
7:30-7:35	Announcements
7:35-9:00	1 & 5 period
9:00-9:15	Nutrition Break
9:20-10:45	2 & 6 period
10:50-12:15	3 & 7 period
12:15-1:00	Lunch
13:05-14:30	4 & 8 period



# ZAMA HS/MS CAMPUS

**ZAMA MIDDLE & HIGH SCHOOL  
REGISTRATION INFORMATION  
FOR NEW STUDENTS**

STUDENT'S NAME \_\_\_\_\_

DATE \_\_\_\_\_ GRADE \_\_\_\_\_ SY \_\_\_\_\_

In order for your child to be **OFFICIALLY ENROLLED** in school, we **MUST HAVE ALL** off the following documents. The registrar or school nurse **MUST** be able to initial each blank that applies to your son / daughter's enrollment.

\_\_\_ **One or more of the following:**

- \_\_\_ Current Orders and / or Extension Orders (if active duty)
- \_\_\_ Family Entry Approval (if Navy)
- \_\_\_ RAT Orders (if Civilians or Teachers)
- \_\_\_ **DSPA 2030.2 Student Eligibility** (sponsor or spouse may sign)
- \_\_\_ **DoDEA 600** (sponsor or spouse may sign)
- \_\_\_ **Child's Social Security Number** (block "1f" of DoDEA 600 Form)
- \_\_\_ **Request for Student Records** (signed by sponsor/spouse)
- \_\_\_ **Internet & Computer Agreement** (signed by sponsor/spouse and student)
- \_\_\_ **Safety & Security Information** (signed by sponsor/spouse and student)
- \_\_\_ **Permission for Publication & Field Trips** (signed by sponsor/spouse)
- \_\_\_ **Publicity Permission** (signed by sponsor/spouse)
- \_\_\_ **Questionnaire for Race/Ethnicity and Home Language** (signed by sponsor/spouse)
- \_\_\_ **DODEA MEMORANDUM: Eligibility for a DoDDS Education** (signed by sponsor/spouse)
- \_\_\_ **Special Needs** (signed by sponsor/spouse)
- \_\_\_ **DoDDS Certificate of Immunization** (signed by immunization personnel at the medical clinic)
- \_\_\_ **Student Health History** (signed by sponsor/spouse and student)
- \_\_\_ **School Bus Registration** (if not living at Camp Zama's main base)
- \_\_\_ **Space Available Letter** (for Category 4 Tuition Paying Students)

\*If your son or daughter is planning on playing sports, you will need the following:

- \_\_\_ **Sports Physical** (paperwork can be found at MEDDAC or with the nurse)
- \_\_\_ **Medical Power of Attorney** (paperwork can be found in Main Office)

**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	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. Pav/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 Quarter 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	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)		27. 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 record 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 (MMDDYYYY)	35. DoDDAC		
	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 (MMDDYYYY)	40. Registrar's Initials	41. Date (MMDDYYYY)	
30. Reserved	31. Reserved	42. Reserved		
32. Local Use	33. Local Use	43. Local Use		



Department of Defense Dependents Schools, Pacific  
 Zama American High School  
 APO, AP 96343-5005



**REQUEST FOR STUDENT RECORDS**

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*To Whom It May Concern:*

\_\_\_\_\_ has enrolled in the \_\_\_\_\_ grade at Zama American High School. We request the official transcript, cumulative records, including all special services records, be sent to the following address:

Department of the Army  
 Zama American High School  
 ATTN: Registrar  
 APO, AP 96343-5005

Fax: 011-81-46-407-3826

Email to Registrar: [Lisa.Sinclair@pac.dodea.edu](mailto:Lisa.Sinclair@pac.dodea.edu)

*Ms. Candice Wojciechowsky*  
 Principal

*Mr. Bernard Hipplewith*  
 Assistant Principal

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**PARENTIAL CONSENT**

*I hereby request that all records and special information be forwarded to Zama High School.*

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*Printed Name and Signature of Parent/Guardian*

*Date*

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY (DODEA)  
STUDENT COMPUTER AND INTERNET ACCESS AGREEMENT**

**PRIVACY ACT STATEMENT**

**Authority:** DoD Directive 1342.6, DoD Dependents Schools; DoDDS System Notice 22

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

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

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

I, \_\_\_\_\_, have completed the required classroom instruction,  
(Student's Name - Please Print)  
understand the Terms and Conditions document, and agree to adhere to the principles and procedures detailed within.

Should I breach the guidelines, I understand that I may lose all network privileges on the DoDEA network, school disciplinary and/or appropriate legal action may be taken.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

(If you are under the age of 18 a parent or guardian must also read and sign this agreement.)

**PARENT OR GUARDIAN**

I, \_\_\_\_\_, have read the Terms and Conditions.  
(Parent's or Guardian's Name - Please Print.)

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Year

**Weapons and Drugs Policy**  
**Zama American Middle/High School**  
**School Year 2010-2011**

There has never been a significant problem with weapons or drugs at our schools. This memorandum is intended to ensure that all parents and students have a thorough understanding of our school and community policy.

Students occasionally bring to school items which they might not consider weapons, but which could possibly be used as a weapon. Students who bring weapons to school will be subject to appropriate disciplinary procedures and may be suspended or expelled. Any incident involving weapons in the schools will also be reported immediately to the military police and command.

According to DoDEA Regulation 2051.1, August 16, 1996, Disciplinary Rules and Procedures, "Weapons are items carried, presented or used in the presence of other persons in a manner likely to make reasonable persons fear for their safety. They include, but are not limited to firearms, look-alike (replica) guns, knives, razors, razor blades, box or carpet cutters, slingshots, nun chucks, any flailing instruments such as a fighting chain, heavy studded or chain belt, objects designed to project a missile, explosives, mace, pepper spray, or any other similar propellant or other object concealed, displayed or 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.

Possession, use, or sale of controlled or mind altering substances by any student while on school property (to include riding to and from school on busses) or during school-sponsored activities, are grounds for suspension or expulsion. Mind altering substances include alcoholic beverages, intoxicants, mind altering inhalants, over-the-counter medicines and controlled substances (as defined by the United States Code or host nation law).

Any student having knowledge of a weapon or unsafe situation is responsible for reporting it to a teacher or administrator. Not reporting a weapon or unsafe situation may result in disciplinary action.

I acknowledge awareness of these rules. This form is applicable for the current school year.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ZAMA MIDDLE SCHOOL**  
**APO AP 96343-5005**

**PERMISSION FOR PUBLICATION**

During the school year we would like to publicize students' names with their achievements such as honor roll, citizenship awards, membership on teams, and cultural or sports awards. We must have parental permission to publish students' names and/or pictures in our installation newspapers and magazines, the parent newsletter, FEN, the Zama American Middle School web page, and other similar types of media. Please check the appropriate box below and sign at the bottom of this form.

**PRINTED STUDENT'S NAME** \_\_\_\_\_

\_\_\_ Zama Middle School **DOES** have my permission to publicize my child's name and picture if he/she receives any award or recognition during his/her enrollment at school.

\_\_\_ Zama Middle School **DOES NOT** have my permission to publicize my child's name and/or picture.

\*\*\*\*\*

**PERMISSION FOR FIELD TRIPS**

During the school year, teachers plan study/field trips as part of the curriculum. Parental permission is required for students to participate in these programs. This permission form is used when a student loses or forgets to return the study/field trip form. The following conditions apply: 1) Parents will be called and consent must be given by telephone to use this form. 2) Students without a signed field trip form will not be allowed to go on a school trip unless we have contacted a parent by phone and received authorization to use this permission slip.

\_\_\_ My child **DOES** have my permission to participate in school sponsored study/field trips during his/her enrollment at Zama High School. I understand that the school will provide me a written permission slip prior to any scheduled field trip in the usual manner.

**This form will be used only in conjunction with a phone call when the original slip is lost for forgotten at the last minute.**

\_\_\_ My child **DOES NOT** have my permission to participate in school sponsored field trips without my prior consent before each trip.

**This form is applicable for the current school year and will remain permanently in the student's file for the duration of enrollment.**

DATE \_\_\_\_\_

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

**Department of Defense Education Activity**  
**Questionnaire for Race/Ethnicity and Home Language**

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to \$ 5000.

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

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ANSWER ALL SECTIONS

**ETHNICITY (Mark one)**

- \_\_\_\_\_ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- \_\_\_\_\_ **NOT Hispanic or Latino.**

**RACE (Mark one or more)**

- \_\_\_\_\_ **A – American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- \_\_\_\_\_ **B – Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- \_\_\_\_\_ **C – Black or African American.** A person having origins in any of the black racial groups of Africa.
- \_\_\_\_\_ **E – White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- \_\_\_\_\_ **F – Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**HOME LANGUAGE SURVEY (Yes or No, and Mark Language)**

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

\_\_\_\_\_ Yes      \_\_\_\_\_ No

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

\_\_\_\_\_ Yes      \_\_\_\_\_ No

What was the first language your child learned?

\_\_\_\_\_ English (E)    \_\_\_\_\_ Another Language (A)    \_\_\_\_\_ Both English and Another Language (B)

Language(s) Learned: \_\_\_\_\_

# DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

## ESL Home Language Questionnaire

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O. 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

**THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT**

**Child's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

1. What language is commonly spoken in your home?

\_\_\_\_\_ English \_\_\_\_\_ Another Language (Please specify): \_\_\_\_\_

2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes: What language is spoken? \_\_\_\_\_

3. What language did your child use when he/she first began to talk?

\_\_\_\_\_ English \_\_\_\_\_ Another Language (Please specify): \_\_\_\_\_

4. Has your child attended English speaking schools?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes: How many years? \_\_\_\_\_

5. What language does your child read and/or write?

\_\_\_\_\_ English \_\_\_\_\_ Another Language (Please specify): \_\_\_\_\_

6. What language do you most often use when speaking with your child?

\_\_\_\_\_ English \_\_\_\_\_ Another Language (Please specify): \_\_\_\_\_

7. What language does your child use most often when speaking to you?

\_\_\_\_\_ English \_\_\_\_\_ Another Language (Please specify): \_\_\_\_\_

8. If your child is cared for by another person on a regular basis, what language is most often used?

\_\_\_\_\_ English \_\_\_\_\_ Another Language (Please specify): \_\_\_\_\_

9. Do you as a parent need to communicate with the school in a language other than English?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, in what language? \_\_\_\_\_

Continued on the next page

DEPARTMENT OF DEFENSE SCHOOLS-PACIFIC  
ZAMA HIGH SCHOOL  
APO AP 96343-0005

**SPECIAL NEEDS FORM**

\_\_\_\_\_  
Student's Name                      Age                      Sex                      Enter Grade                      School Yr.

My child has no special needs of which I am aware.

I wish the Zama High School administrative and instructional staff to note the following educational needs of my child:

Special Education. (Please specify below)

a) Area:  Learning Impairment:

Processing Deficit /  Intellectual Deficit

Emotional Impairment

Speech Impairment

Physical Impairment

Other \_\_\_\_\_

b)  An IEP (Individual Education Program) was in effect at

\_\_\_\_\_  
School Name and Location

Academically Talented

a) Previous enrollment at \_\_\_\_\_

School Name and Location

b)  Test scores available /  Permission to assess given

Special Physical Needs

a)  Limited or no physical education

b) Special seating in classroom:  Visual /  Hearing

Compensatory Education – additional assistance may be required in:

a)  Reading

b)  Mathematics

English as a Second Language

Other needs (please specify) \_\_\_\_\_

I prefer to discuss my child's special needs privately with a school counselor. I can be reached at \_\_\_\_\_ (telephone number)

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

\_\_\_\_\_  
Date

Note: Every reasonable effort will be expended to meet your child's needs as indicated above. However, omissions may occur inadvertently. If you have indicated a special need above, and you have no evidence that the need has been addressed within the first two weeks of school, please call the school counselor at 263-5345.

## DEPARTMENT OF DEFENSE EDUCATION ACTIVITY IMMUNIZATION REQUIREMENTS

### PRIVACY ACT STATEMENT

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

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

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

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

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

**STUDENT:** \_\_\_\_\_

**Date of Birth (MM/DD/YY):** \_\_\_\_\_

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DoD REQUIREMENTS *
Diphtheria, Tetanus, Pertussis e.g., DTP, DtaP, DTWP, DT, Dtap-Hib, DtaP-HepB-IPV, Tdap, Td	#1			<p><b>Four (4) doses.</b> At least one dose must be administered <u>after</u> the 4<sup>th</sup> birthday.</p> <p><b>*ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>The usual schedule is a primary series of 4 doses at 2m, 4m, 6m, and 15-18m of age.</li> <li>If the fourth dose of DT, DTP or DTap is administered before the fourth birthday, a booster (fifth) dose is recommended at 4-6 years of age (5<sup>th</sup>).</li> </ul> <p><b>Td or Tdap booster doses:</b> A single Tdap booster dose is recommended for children 11-12 years old, if 5 years elapsed since the last dose; then boost every 10 years with Td (5<sup>th</sup>).</p> <p><b>Two (2) doses.</b></p> <p><b>ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>HepA is recommended for all children at 1 year of age.</li> <li>The two doses in the series should be administered at least 6 months apart.</li> </ul>
	#2			
	#3			
	#4			
	#5 <sup>a</sup>			
	#5 <sup>b</sup>			
Hepatitis A e.g., HepA	#1			<p><b>Two (2) doses.</b></p> <p><b>ACIP Recommendation:</b></p> <ul style="list-style-type: none"> <li>HepA is recommended for all children at 1 year of age.</li> <li>The two doses in the series should be administered at least 6 months apart.</li> </ul>
	#2			

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
IMMUNIZATION REQUIREMENTS**

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	<u>MINIMUM DoD REQUIREMENTS</u> *		
<b>Hepatitis B</b> e.g., HepB, Hib-HepB, DTaP-HepB-IPV	#1			Three (3) doses. <b>ACIP Recommendation:</b> <ul style="list-style-type: none"> <li>The standard schedule is 0, 1 and 6 months.</li> <li>The first dose is recommended shortly after birth, with the second dose administered at age 1 to 2 months. The third dose should be administered at age <math>\geq</math> 24 weeks.</li> <li>Merck's Recombivax-HB brand of HepB vaccine can be given as a 2-dose series for adolescents 11 to 15 years of age.</li> </ul> <b>Catch-up schedule:</b> <ul style="list-style-type: none"> <li>3-dose series may be started at any age.</li> <li>Minimum spacing for children and teens: 4 weeks between dose 1 and dose 2, and 8 weeks between dose 2 and dose 3.</li> </ul> Two (2) to four (4) doses.		
	#2				<b>ACIP Recommendation:</b> <ul style="list-style-type: none"> <li>Primary immunization occurs at 2m, 4m, 6m, and 12m to 15m (booster dose).</li> <li>For Merck's PedvaxHIB brand of Hib vaccine, 3 doses are needed (2, 4, and 12-15m).</li> </ul> <b>Catch-up schedule:</b> <ul style="list-style-type: none"> <li>If dose 1 is given at 12-14m, give a booster dose 8 weeks later.</li> <li>Unvaccinated children from the ages of 15m up to 5 years need only 1 dose.</li> <li>Hib is not routinely given to children 5 years old and older.</li> </ul> Three (3) doses. At least one dose must be administered <u>after</u> the 4 <sup>th</sup> birthday.	
	#3					
<b>Haemophilus influenzae type b</b> e.g., Hib, Hib-HepB, DTaP-Hib	#1			<b>ACIP Recommendation:</b> <ul style="list-style-type: none"> <li>Usual schedule is a primary series of 4 doses at 2m, 4m, 6-18m, and 4-6 years of age.</li> <li>All doses should be separated by at least 4 weeks.</li> <li>If dose 3 is given after the 4<sup>th</sup> birthday, dose 4 is not needed.</li> </ul> <b>ACIP Recommendation:</b> <ul style="list-style-type: none"> <li>Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11-12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated.</li> <li>All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative.</li> <li>Vaccination against invasive meningococcal disease is recommended for children and adolescents aged <math>\geq</math> 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see <i>MMWR</i> 2005;54 [RR-7]:1-21); use MPSV4 for children aged 2-10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.</li> </ul>		
	#2					
	#3					
	#4					
<b>Polio</b> e.g., IPV, DTaP-HepB-IPV Note: Oral Polio Vaccine (OPV) counts for immunization requirements, but is no longer distributed in the U.S.	#1			<b>ACIP Recommendation:</b> <ul style="list-style-type: none"> <li>Usual schedule is a primary series of 4 doses at 2m, 4m, 6-18m, and 4-6 years of age.</li> <li>All doses should be separated by at least 4 weeks.</li> <li>If dose 3 is given after the 4<sup>th</sup> birthday, dose 4 is not needed.</li> </ul> <b>ACIP Recommendation:</b> <ul style="list-style-type: none"> <li>Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11-12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated.</li> <li>All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative.</li> <li>Vaccination against invasive meningococcal disease is recommended for children and adolescents aged <math>\geq</math> 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see <i>MMWR</i> 2005;54 [RR-7]:1-21); use MPSV4 for children aged 2-10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.</li> </ul>		
	#2					
	#3					
	#4					
<b>Meningococcal</b>						

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
IMMUNIZATION REQUIREMENTS**

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DOD REQUIREMENTS *
Measles, Mumps, Rubella e.g., MMR, MMRV	#1			Two (2) doses. ACIP Recommendation: • Dose 1 is given at 12-15m of age. • Dose 2 is recommended routinely at age 4-6 years, but may be administered at any visit if 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. • Those who have not previously received the second dose should complete the schedule by age 11-12 years.
	#2			
PPD TB fine/monovac	Date of last test: #1 #2	NO Vaccination Required	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative mm Induration	Tuberculosis (TB) testing recommended. Frequency determined by local medical command. If positive, date of chest X-ray: ____/____/____ Chest X-ray Results: _____ Date isoniazid (INH) treatment started: ____/____/____ Date INH treatment completed: ____/____/____
Varicella e.g. Var, MMRV	History of naturally acquired chickenpox		Date:	ACIP Recommendation: • Immunize all children age 1 year and older, including adolescents who have not had chickenpox. • Susceptible children age 1 year and older receive 1 dose. • Susceptible people age 13 and older should receive two (2) doses at least 4 to 8 weeks apart. ▶ Immunization is NOT required in people with a history of natural disease (chickenpox).
<b>Notes</b> * Advisory Committee on Immunization Practices (ACIP). a The fifth dose is not required if the fourth dose was given on or after the fourth birthday. b Second dose required only in susceptible people 13 years old or older. * The standard and catch-up pediatric and adolescent immunization schedules adopted by the CDC are posted at <a href="http://www.dcd.gov/ni/rees/child-schedule-color-print.pdf">www.dcd.gov/ni/rees/child-schedule-color-print.pdf</a> and <a href="http://www.cdc.gov/ni/rees/adult-schedule.pdf">www.cdc.gov/ni/rees/adult-schedule.pdf</a> .				

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
CERTIFICATE OF IMMUNIZATION**

STUDENT: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_

Immunization records for the student named above have been reviewed at \_\_\_\_\_

Location of Clinic \_\_\_\_\_

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

Immunizations are current until \_\_\_\_\_ when immunization(s) is/are due.

Signature and Stamp of Medical Authority \_\_\_\_\_

Date \_\_\_\_\_

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

Immunization(s): \_\_\_\_\_

Reason: \_\_\_\_\_

Waiver Duration: \_\_\_\_\_

Signature and Stamp of Medical Authority \_\_\_\_\_

Date \_\_\_\_\_

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
STUDENT HEALTH HISTORY**

**INSTRUCTIONS: SPONSOR/PARENT/GUARDIAN READ CAREFULLY AND CHECK (✓) ALL CONDITIONS THAT APPLY TO YOUR CHILD.**

Grade _____	<b>STUDENT'S name (Print)</b> LAST, FIRST MI	Home: Duty: Duty: Cell: Cell:	CHECK <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth: ____/____/____ mo day yr
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**HEALTH HISTORY**

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

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date: \_\_\_\_\_

School Tuberculosis Screening

All children must have Tuberculosis Screening documented upon enrollment and annually thereafter, as a way to assess risk factors. The school nurse will review the screening and make necessary recommendations as needed.

(NOTE: PPDs can be requested by the parent and ordered by the school nurse)

Risk Factor

- |  |     |    |
|--|-----|----|
| 1) Recent close contact with someone with infectious TB?   | Yes | No |
| 2) Past chest X-rays that suggest inactive TB?   | Yes | No |
| 3) Immunosuppression (e.g. chemotherapy, prolonged use of prednisone or predalone, or any steroid by mouth for longer than 6 weeks) and long exposure to someone with a chronic cough? | Yes | No |
| 4) Any family member or close friend have a PPD change from "negative" to "positive" (converter)?  | Yes | No |
| 5) Is there anyone who lives in your home that has a "chronic cough"?  | Yes | No |
| 6) Have you or your family members traveled or PCS in the last year?   | Yes | No |
| If yes-  |     |    |
| Country _____ Length of stay _____   |     |    |
| Country _____ Length of stay _____   |     |    |
| Country _____ Length of stay _____   |     |    |
| Country _____ Length of stay _____   |     |    |

Name of person completing this form (print): \_\_\_\_\_

Phone Number if questions: \_\_\_\_\_

Referred to: \_\_\_\_\_

## Our Mission

To provide safe, efficient, cost-effective services for the Department of Defense (DoD/DEA) throughout the Pacific area. The Japan District Transportation Division manages, directs and supervises school bus operations to ensure compliance with policies and regulations, as necessary, to carry out the assigned mission.

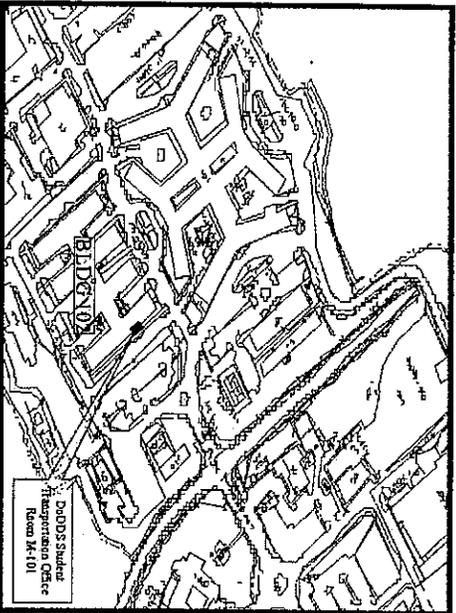
Zama Complex Transportation Office  
Transportation Operations Manager  
Mr. Christopher Smith  
Cell: 090-1941-1985

Transportation Operations Assistant  
Sonia Lucas  
Cell: 090-1942-6556

Customer Service Hours  
Monday — Friday  
8:00AM — 4:00PM

## Office Location

South Camp Zama Bldg. 102  
Room M-101



## ZAMA COMPLEX TRANSPORTATION OFFICE

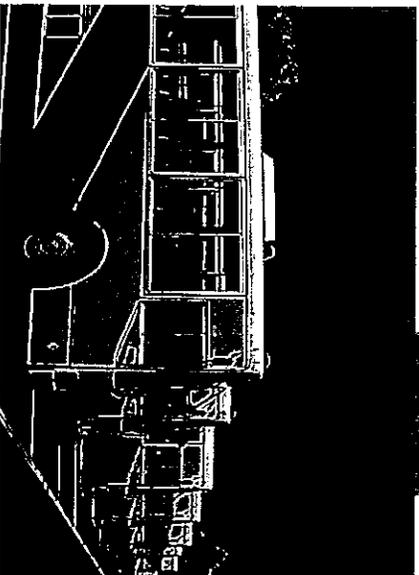
Zama High School  
Attn: Zama Complex Transportation  
Office  
APO AP 96343-5005

DSN: 263-4151  
FAX: 263-4139

DEPARTMENT OF DEFENSE  
EDUCATION ACTIVITY  
JAPAN DISTRICT  
TRANSPORTATION DIVISION

## Zama Complex Transportation Office

Student Information



BLDG. 102, ROOM M-101  
DSN: 263-4151

# Security and Safety is Everyone's Responsibility

The Japan District Transportation Division is dedicated to improving security and safety while transporting students riding our school buses to and from school and other activities around the Pacific. Security attendants are provided for each bus. This individual will ensure students adhere to bus safety and security rules. Buses are also equipped with video cameras so that our office can monitor the behavior of the students. Videotapes are viewed randomly on a daily basis. Students who ride school buses are subject to rules and regulations designed to provide safe and secure transportation to and from school. Any behavior by students, which distracts the driver or endangers themselves or others is a serious hazard to the safe operation of the vehicle, and as such, jeopardizes the safety of all passengers. Consequences of inappropriate behavior could result in the students loss of bus-riding privileges.



## Be on Time:

- Leave home at the same time every day--get to the bus stop with 5 minutes to spare
- Don't be to early, either--the edge of a road can be a dangerous place
- Use a book bag or backpack--don't carry any loose items
- Wear safe clothing--don't wear clothes that can catch on the bus when you are getting off (i.e. drawstrings)



- Dress to be seen--wear bright colored clothing
- Plan for bad weather--give yourself extra time

## Catching the Bus:

- Use the sidewalks and crosswalks--if there are no sidewalks, face traffic when walking
- Go single file--if you're in a group
- Wait away from the edge of the road
- Let the bus come to a full stop--don't approach if the bus is still rolling
- Board safely--don't crowd or push

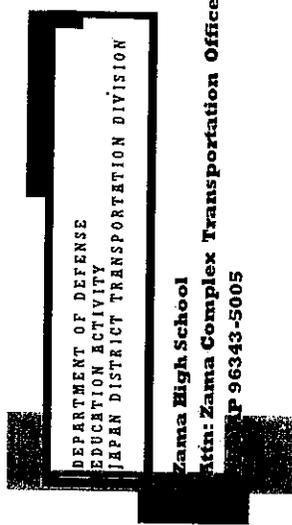
## Good School Bus Manners:

- Wear seatbelts at all times
- Do not open windows
- Do not use tape or CD players while riding unless you are using a headset or earphones
- Do not throw anything in or around the bus (i.e. balls, clothing, pencils, paper, etc.)
- Do not move around in the bus

Here are some tips for students to follow to ensure a safe and secure ride.

- when it is in motion
- Do not tamper with the emergency doors or the fire extinguishers
- No fighting, pushing or shoving
- No smoking
- Do not tamper with bus controls or emergency equipment
- Do not sit in the driver's seat
- Do not engage in horseplay or make excessive noise
- Do not obstruct the aisle way, steps or seats
- No eating or drinking on the bus

**NOTE:** Possession of weapons or prohibited items, controlled substances, alcohol, or other serious incidents will be reported to Security Forces and may result in suspension or expulsion from school bus riding privileges.



Zama High School  
 Attn: Zama Complex Transportation Office  
 P 96343-5005

DSN: 263-4151

# DEPARTMENT OF DEFENSE EDUCATION ACTIVITY SCHOOL BUS REGISTRATION

**AUTHORITY:** 5USC301, 10USC 133, 20 USC921, EO 9397 November 1943 (SSN).

**PRINCIPLE PURPOSE(S):** Required for the registration to ride in DoD School Transportation system. Provides record of student and sponsor demographic data used in the administration of the schools program. Provides emergency contact, and other vital information.

**ROUTINE USE(S):** Data is collected and entered into the school bus automated system for use by DoDDS personnel in providing transportation. Release of student information to non-DoDDS personnel is restricted to US Government personnel and other authorized individuals as approved by DoDDS.

**DISCLOSURE:** Voluntary. Disclosure of Social Security Number is not required but expedites the registration process. However, dependents may be denied enrollment in the DoD Dependents Schools school bus program if other requested information is not provided.

SECTION I (STUDENT INFORMATION)				
STUDENT FULL (LEGAL) NAME:				
LAST	FIRST	MIDDLE	STUDENT SSAN	GRADE
				DOB DD/MMM/YY
SCHOOL:      JOHN O. ARNN ELEM.      SHIRLEY LANHAM ELEM.      ZAMA HIGH SCHOOL				

SECTION II (SPONSOR INFORMATION)			
RANK / NAME OF SPONSOR:		SSAN	DUTY PHONE
		ORG	
SPOUSE NAME:		QUARTERS/APT	HOME PHONE
BUSINESS E-MAIL ADDRESS		PERSONAL E-MAIL ADDRESS	

PSC:	BOX:	APO AP	DEROS (MMM/YY)
EMERGENCY CONTACT NAME (OTHER THAN PARENTS)		EMERGENCY DUTY PHONE	EMERGENCY HOME PHONE

- Please initial each box:
- I have been apprised of the school commuting area
  - I understand that if I chose to live outside the commuting area, I am responsible for transportation to nearest DoDEA school bus stop.
  - I understand the student code and the consequences for misbehavior which could include suspension or revocation of bus privileges.
  - I understand that all riders Of DoDDS buses are subject to audio and video surveillance.

SIGNATURE	DATE

SECTION III (TO BE FILLED OUT BY SCHOOL REGISTRAR)		
ORDERS / DODEA FORM 600 ON FILE / VERIFIED	REGISTRAR'S SIGNATURE	DATE
Y      N		

SECTION IV (TO BE FILLED OUT BY SCHOOL BUS OFFICE PERSONNEL)				
BUS#	BUS STOP	DATE	INITIALS	REMARKS

**ZAMA HIGH SCHOOL**  
**Parent Teacher Organization**

Private organization chartered by USAG Zama MWR  
Not officially supported by DoDEA

**School Year 2010- 2011 Membership Form**

Membership fee \$15 for the school year. Checks made payable to: **Zama High School PTO**

**SPONSOR:** \_\_\_\_\_  
Last name First Name

**Spouse:** \_\_\_\_\_  
Last Name First Name

**Student(s)'s name(s) and grade**

Name: \_\_\_\_\_ Grade 9 10 11 12

Name: \_\_\_\_\_ Grade 9 10 11 12

Name: \_\_\_\_\_ Grade 9 10 11 12

**Command:** \_\_\_\_\_ **DROS:** \_\_\_\_\_

**Reside on; (circle) Zama Depot SHA Atsugi Off Post**

**Mailing Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home Phone number:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Can we call you to volunteer for PTO events ie. sports, fundraisers? (circle) yes no**

**Would you be interested in a PTO board or Committee Position (circle) yes no**

Payment can be dropped off at the High School Office or mail to:  
Zama High School Parent Teacher Organization  
UNIT 45001 General Delivery Box 4  
APO AP 96337-9998

CASH CHECK PAID BY CHECK # DATE

Received by