

**NON-DoD SCHOOLS PROGRAM**  
**REQUIRED DOCUMENTS FOR DETERMINING ENROLLMENT ELIGIBILITY**

**<http://www.pac.dodea.edu/edservices/NonDoDSchools/nondod.htm>**

For **new sponsors** desiring Non-DoD School Program tuition assistance, **we require the following:**

1.  A copy of the sponsor's **orders** plus any amendments.
2.  A copy of the sponsor's overseas tour extension approval if the DEROS has or will expire prior to the beginning of school. Documentation of a current DEROS is required for continued enrollment in the Non-DoD Schools Program.
3.  **DoDEA Form 610**, "Application for Enrollment in a non-DoD School", for each dependent. A new DoDEA Form 610 is required anytime there is a change in schools.
4.  If the child(ren) is/are applying for entry to Kindergarten or First grade, we require a copy of that child's **Passport** or **Birth Certificate** to verify age. The child must attain the age of 5 by 31 October of the enrolling year to enter Kindergarten, or age 6 by 31 October of the enrolling year to enter First grade.
5.  If the dependent's names are not listed on the sponsors' orders or in a separate approval authorization, a completed "**Verification of Command Sponsorship**" form is required.
6.  A copy of the school's **Fee Schedule** identifying the schools' published list of charges for Tuition and/or Transportation, etc. by grade is required upon initial enrollment and each school year thereafter.
7.  A copy of the school's **Calendar of Events**, if published.
8.  If the school does not provide and invoice transportation, the sponsor may claim local transportation expenses separately for one round-trip home-to-school per day. A "**Request for Reimbursement of Transportation Expenses**", is a worksheet to estimate transportation expenses for mileage or bus/city transportation expenses. The actual claim is made by preparing a SF 1164 for local mileage reimbursement or providing copies of receipts of bus passes, etc., if used, to this office for review to provide funding. Advance funding can not be provided; only reimbursement of actual expenses after the fact. Do not use this form if the school is billing transportation in their invoice.
9.  **School Invoice** - The school eventually generates an invoice. Some schools routinely bill twice a year or three times a year. *We desire the school invoice in one billing for the entire school year, or the period of time the dependent is in the school.* For example, if the sponsor is on station at the beginning of the SY and plans to PCS around 15 February the following year, we desire only one school invoice for that period of time. If the sponsor arrives 15 Nov of the current SY and plans to be there through the end of the SY, we desire only one school invoice that bills for that period of time. A fax copy of the invoice to this office is acceptable. Once received, we will review it for allowable fees and initiate payment for authorized costs.
10. **Withdrawals** - For withdrawals of dependents from a school, the sponsor must notify the non-DoD school and the sponsor's local Non-DoD School POC or School Liaison Officer. The School Liaison Officer will in turn notify the Non-DoD School Program office. It is critical that this office be notified immediately of any planned withdrawal action in order to determine if a refund is due to the U.S. government.

**REQUIRED DOCUMENTS FOR SPONSORS IN FMS, MAP or SAO POSITIONS**

Items 1-5 identified above are required for sponsors in FMS, MAP or SAO positions. While this office does not fund tuition for DoD sponsors assigned to FMS, MAP or SAO positions, the Non-DoD Schools Program policies still apply.

**DOCUMENTS NOT NEEDED**

1. A new DoDEA Form 610 if there is no change in schools between school years.
2. A copy of birth certificate or passport for any command sponsored dependents entering 2nd grade or higher.
3. The "Verification of Command - Sponsorship" if command sponsored dependents are listed on the sponsor's orders.
4. A "Request for Reimbursement of Transportation Expenses" if the school or local US organization is billing and providing transportation for command sponsored dependents.

**APPLICATION FOR ENROLLMENT IN A NON-DOD SCHOOLS PROGRAM  
FOR SCHOOL YEAR \_\_\_\_\_**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Sections 921-932 of Title 20, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** The primary use of this information is by Department of Defense Education Activity (DoDEA) officials to: (a) determine the eligibility of children to attend these schools; (b) make arrangements for education and payment made, as required; (c) schedule children for transportation; and (d) monitor special education services required by and received by the student.

**ROUTINE USE(S):** Additional disclosure of germane information is authorized to other officials of the Department of Defense requiring information for operation of the Department (including defense investigative agencies and recruiting officials). Routine disclosure of certain information is authorized outside the Department of Defense. The sponsor's name, rank, and branch of service may be released to former students for the purpose of organizing reunion activities. The "Blanket Routine Uses" set forth at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, as published at <http://www.defensalink.mil/privacy/notices/osd/>, apply to this system.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may delay or result in the denial of educational benefits for the dependent of the individual requested to complete this form.

**PART I - TO BE COMPLETED BY THE SPONSOR**

Under the provisions of DoDEA Regulation 1035.1, request that the following command sponsored dependent be authorized to enroll in the following non-DoD school:

<b>1. NAME OF NON-DOD SCHOOL DESIRED TO ENROLL</b> <i>(Include City and Country)</i>	<b>2.a. ENROLLMENT START DATE</b> (YYYYMMDD)	<b>b. GRADE IN SCHOOL</b>
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<b>3.a. STUDENT NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. DATE OF BIRTH</b> (YYYYMMDD)
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<b>4.a. DID YOUR CHILD RECEIVE SPECIAL EDUCATION OR 504 ACCOMMODATIONS AT THE PREVIOUS SCHOOL?</b> <i>(If Yes, attach copy of IEP or 504 Plan.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>b. IS YOUR DEPENDENT ENROLLED IN EFMP?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**5. SPONSOR INFORMATION**

<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SOCIAL SECURITY NUMBER</b>
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<b>c. RANK/GRADE/SERVICE</b>	<b>d. DEROS</b>	<b>e. MAP/FMS/SAO</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>f. UNIT NAME AND MAILING ADDRESS</b>	<b>g. LOCAL MILITARY MAILING ADDRESS</b> <i>(If different from f.)</i>
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<b>h. DUTY TELEPHONE NUMBER</b>	<b>i. HOME TELEPHONE NUMBER</b>	<b>j. UNIT FAX NUMBER</b>
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**k. E-MAIL ADDRESS**

**l. NAME AND LOCATION OF NEAREST DOD SCHOOL**

<b>m. DISTANCE FROM SPONSOR'S PLACE OF RESIDENCE TO NEAREST DOD SCHOOL</b> <i>(Miles)</i>	<b>n. DISTANCE FROM SPONSOR'S PLACE OF RESIDENCE TO NON-DOD SCHOOL</b> <i>(Miles)</i>
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**6. SPONSOR'S CERTIFICATION**

I certify that the above information is true and correct to the best of my knowledge. I also certify that the dependent named in Item 3 is command sponsored. I will notify the NDSP Program Manager in case of withdrawal of my dependent prior to the end of the term. I understand that I am responsible for any costs incurred that are not approved for payment by DoDEA. *(Attach copies of Sponsor's PCS orders, Reimbursement of Transportation Expenses and Verification of Eligibility Forms.)*

<b>a. SIGNATURE OF SPONSOR</b>	<b>b. DATE</b> (YYYYMMDD)
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**PART II - TO BE COMPLETED BY THE COMMANDER**

**7. COMMANDER ENDORSEMENT**

<b>a.</b> <input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR	<b>b. DATE</b> (YYYYMMDD)	<b>c. TELEPHONE NUMBER</b>	<b>d. TYPED NAME</b> <i>(Last, First, Middle initial)</i>
<b>e. RANK/GRADE</b>	<b>f. UNIT/APO/FPO</b>	<b>g. SIGNATURE</b>	

**PART III - TO BE COMPLETED BY THE NON-DOD ELIGIBILITY OFFICER**

<b>8.a.</b> <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	<b>b. DATE</b> (YYYYMMDD)	<b>c. TYPED NAME OF NON-DOD ELIGIBILITY OFFICER</b> <i>(Last, First, Middle Initial)</i>	<b>d. SIGNATURE</b>
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**VERIFICATION OF COMMAND SPONSORSHIP FOR SY \_\_\_\_/\_\_\_\_**  
 (TO BE USED BY SPONSORS WHOSE DEPENDENT/S IS/ARE AUTHORIZED TRANSPORTATION AT  
 U.S. GOVERNMENT EXPENSE BUT IS/ARE NOT LISTED ON THE SPONSOR'S PRIMARY ORDERS.)

In accordance with DoD Directive 1342.13, tuition-free schooling is authorized for command sponsored dependents. Request command sponsorship be certified as shown below. Failure to provide this certification along with the commander's endorsement would result in the denial of enrollment in a Non-DoD tuition-fee school at Government expense. A copy of the sponsor's PCS order is to be attached. All members of a family may be listed on the same form. (Please print clearly.)

**PART I - SPONSOR'S CERTIFICATION (Select a, b, or c below, as applicable.)**

I, \_\_\_\_\_, assigned to \_\_\_\_\_, certify that:  
 (Sponsor's Name printed in capital letters) (Unit)

(a) \_\_\_\_ (MILITARY SPONSOR) I am serving an accompanied tour of \_\_\_\_ months and the student(s) listed below is/are my minor dependents(s). My dependent(s) is/are authorized transportation at Government expense to/or from my duty station.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(b) \_\_\_\_ (CIVILIAN SPONSOR) I am a full time DoD civilian employee, assigned overseas, paid with appropriated funds, and the student(s) listed below is/are my minor dependents(s) and I am receiving Living Quarters Allowance at the "with dependents rate".  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(c) \_\_\_\_ (NON APPROPRIATED FUND SPONSOR (NAF)) I am a full-time NAF employee, assigned overseas and I am receiving Living Quarters Allowance at the "with dependents rate" and my dependent(s) listed below is/are authorized transportation at Government (NAF) expense to and/or from CONUS.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	<u>STUDENT'S NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**PART II - COMMANDER'S ENDORSEMENT**

(This endorsement is to be completed by the sponsor's Commander, or by the servicing Personnel Office.)

This is to certify that (Sponsor's Name and Rank) \_\_\_\_\_  
 is assigned to (unit) \_\_\_\_\_  
 and is serving an accompanied tour of \_\_\_\_ months with an expected rotation date of \_\_\_\_\_ D/M/Y.

According to the member's service record, the above named student(s) is/are legal dependent(s) of this member and is/are command sponsored.

PRINT: Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Title: \_\_\_\_\_  
 Unit: \_\_\_\_\_ APO/FPO: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Servicing Personnel Office: \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES FOR SY \_\_\_\_ / \_\_\_\_**

(THIS FORM IS TO BE USED ONLY IF SCHOOL DOES NOT PROVIDE DAILY ROUND-TRIP TRANSPORTATION AND FOR DORMITORY STUDENTS.)

In accordance with DoD Directive 1342.13, public transportation or private car pools may be authorized if daily transportation is not furnished by the school or through a contract. However, prior approval from the Non-DoD Schools Program Manager is required. Therefore, the following information must be provided.

**PART I - TO BE COMPLETED BY SPONSOR**

SPONSOR NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

UNIT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_

STUDENT(S) NAME(S): (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TEL#: \_\_\_\_\_

MODE OF TRANSPORTATION: (check one)  POV  SUBWAY  BUS  RAIL  OTHER: \_\_\_\_\_

**PRIVATELY OWNED VEHICLE (POV):** COMPUTATION AREA:

a. Mileage, ONE-WAY, (home to Non-DoD school): \_\_\_\_\_

b. Number of one-way trips per day (2 maximum): \_\_\_\_\_

c. Number of school days per month: \_\_\_\_\_

d. Total mileage per month (a x b x c): \_\_\_\_\_

[Not more than one ROUND-TRIP (two one-ways) per day is authorized.]

**PUBLIC TRANSPORTATION:** COMPUTATION AREA:

a. Fare, ONE-WAY to school: \_\_\_\_\_

b. Number of ONE-WAY trips per day: \_\_\_\_\_

c. Number of school days: \_\_\_\_\_

d. Amount of Fare per month (a x b x c): \_\_\_\_\_

[Only one round-trip per day is authorized.]

**TRANSPORTATION BETWEEN DORMITORY AND RESIDENCE:**

a. Travel Mode: \_\_\_\_\_

b. Charge per ONE-WAY trip: \_\_\_\_\_

c. Number of ONE-WAY trips: \_\_\_\_\_

d. Total Cost (b x c) = \_\_\_\_\_

[Three (3) round trips per school year are authorized: Beginning of school year (ONE-WAY), Winter-break (ROUND-TRIP), spring-break (ROUND-TRIP), and end-of-school year (ONE-WAY).]

**SPONSOR'S CERTIFICATION**

In accordance with DoD Directive 1342.13, I request reimbursement for the cost of transporting my dependent(s) to and from school. The information above is applicable. I certify that government or school transportation is not available. The transportation for which reimbursement is requested is the most cost effective means available.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART II - COMMANDER'S CERTIFICATION**

DATE: \_\_\_\_\_

The information above is correct to the best of my knowledge. I recommend approval of this request for reimbursement of transportation costs.

\_\_\_\_\_  
(Duty Phone)

\_\_\_\_\_  
(Typed/Printed Name, Grade/Rank, Unit, APO)

\_\_\_\_\_  
(Signature)