



U.S. DEPARTMENT OF STATE
Office of Allowances
Education Allowance Questionnaire

INSTRUCTIONS

The information provided in this questionnaire is used to determine the "school at post" education allowance rates. Guidance on reporting is contained in the Department of State Standardized Regulations (DSSR) Section 072. The completed questionnaire should reflect the educational costs of attending the school at post as they pertain to the majority of eligible U.S. Government (USG) civilian employees with school age children.

- Report all costs in the currency used for payment and specify the currency.
- Do not include discounts given to parents for enrolling more than one child in the same school.
- Sign and date this report to certify completion in accordance with Chapter 270 of the DSSR.
- Submit a separate DS-63 report for each school where USG dependents attend.

SUBMITTING THE REPORT:

- (a) **All locations and posts** should attach fee statements, catalogs, calendars, transportation invoices, and any other documentation supporting costs to the signed original of this report.
- (b) **Department of State posts** should submit the signed original of this report directly to the Department of State, Office of Allowances:
- | | |
|---|--|
| U.S. Department of State | Copies of this report may be sent in advance via fax or email to: |
| Office of Allowances (A/OPR/ALS) | Fax: 202-261-8707 |
| 2401 E Street, N.W. | Email: AllowancesO@state.gov |
| Washington, D.C. 20522-0103 | |
| Rm. L-314, SA-1 | |
- (c) **Non-Department of State locations** that are not under the authority of the U.S. Mission should submit the signed original of this report to the Department of State, Office of Allowances through their parent agency's headquarters.

10.	Report the costs in the currency used for payment and specify the currency for each field trip included in basic tuition for the current school year. Provide a description for each field trip. Include information regarding the location or destination of the field trip.					
Field Trips						
Description	Location/Destination	Applicable Grade(s)	Cost			
Example:						
Trip to the Tokyo Science Museum	Tokyo, Japan (Local Trip)	5-6	Yen 400			
11.	Itemize and report all other required fees in the currency used for payment and specify the currency (e.g., building fees, registration fees, matriculation fees, laboratory fees, and/or admission fees, per DSSR 274.12e). Indicate whether the fee is annual or one-time, and if it is refundable or non-refundable. Do <u>not</u> report fees that are included in basic tuition.					
Required Fees						
Type	Applicable Grade(s)	Cost	Annual	One-time	Refundable	Non-Refundable
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Example:						
Registration Fee	12	Yen 300,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	Provide the exchange rate for each currency reported in questions 9, 10, and 11. Exchange Rate per U.S. Dollar: Date (mm-dd-yyyy):					
13.	Comments: (Provide comments to support any responses that may need further explanation.)					
I certify that this report has been completed in accordance with the Department of State Standardized Regulations (DSSR) and that all fee statements, catalogs, calendars, transportation invoices, and any other documentation supporting costs have been attached.						
Name and Title of Approving Officer				Signature of Approving Officer		
Name: Title:						
Agency				Contact Information		Date
				Telephone: Email:		