

Guam Department of Education Student Registration Packet



Student Name: _____

School Name: _____

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

Before a student can be enrolled into a school at the Guam Department of Education, a *Student Registration* must be completed and signed by parent or legal guardian. A Caretaker can register a student, but the registration is only good for up to 30 days. The Student Registration is used to enroll a student who is new or who is returning to the school district.

The forms that are included in the Student Registration are:

1. Part A: Board Policies – Parent Acknowledgement (Page 2)
2. Part B: Student Information
3. Part C: Parent or Guardian and/or Caretaker Information
4. Part D: Attendance Zone
5. Part E: Ethnicity and Race Identification
6. Part F: Home Language Survey
7. Part G: Student Home Map & Other Information
8. Part H: High School Course Assessment Form *(only for enrolling a high school student and if necessary)*
9. Part I: Student Record Request *(only complete if necessary)*
10. Part J: Emergency Information & Health Form
11. Part K: School Counseling Informed Consent Form
12. Part L: SWIFTK12 Parent Contact Preference Form
13. Part M: Education Technology Use Policy – User & Parent/Guardian Agreement
14. Part N: Media/Photo Release Permission
15. Part O: Truancy Prevention Notice To Parents
16. Part P: Student Registration by Caretaker Form *(only complete if necessary)*

With the guidance of the School Registrar, parent or legal guardian (or caretaker) must complete all the required forms.



**Guam Department of Education
Student Registration Packet**

Registration Checklist

| | |
|--|-----------------------|
| Student Name (Last, First, Middle Initial): | |
| Student #: | Date of Birth: |

The checklist is to guide schools on the registration process regarding the required documents. School officials must date and initial all the required documents that have been submitted by parent/guardian upon registration.

| Administrative Office and/or Curriculum Office | Date Received | School Official Initial |
|---|---------------|-------------------------|
| 1. Parent/Legal Guardian/Caretaker (under 18 years) Present | | |
| 2. Completed School Registration Forms | | |
| 3. Official Birth Certificate | | |
| 4. Parent/Legal Guardian/Caretaker Photo Identification | | |
| 5. Court Appointment Guardianship (if applicable) | | |
| 6. Official Transcript and Official Withdrawal <i>from previous school</i> | | |
| 7. Proof of Residency (select only one item needed) <ul style="list-style-type: none"> a. ___ Mayor's Verification – names of parents/legal guardians and children; or b. ___ Copy of Mortgage Settlement/Deed to Property/Lease Agreement, Base Commander's Certification clearly showing complete home address; or c. ___ Utility Bill (Power, Water, Telephone); or d. ___ Living arrangements if staying with a family/friend – homeowner to provide a notarized letter; or e. ___ Deemed Homeless. (form from SPCE) | | |
| 8. Program Placement: IEP/EAP, ESL (current) or Agency Letter of Placement (if applicable) | | |
| 9. Parent Acknowledgment for Student/Parent Handbook/Student Achievement | | |
| 10. | | |
| School Health Counselor Office | Date Received | School Official Initial |
| 1. Immunization Record (Title 10 GCA § 3322) – current and copy for submittal | | |
| 2. Tuberculosis Requirement (Title 10 GCA § 3329) | | |
| 3. Physical Examination or Appointment Card | | |
| 4. Emergency Form | | |



**Guam Department of Education
Student Registration Packet**

**Part A: Board Policies/Standard Operating Procedures
– Parent Acknowledgement (Page 1)**

Attendance Area *(For more information, please reference Board Policy 411.)*

"The Superintendent is authorized to establish attendance areas," pursuant to 17 GCA §6102. A list of attendance areas shall be made available for review in the main office and at the Department Of Education's central office for examination by any interested party. A child is required to attend the school which serves the attendance area in which:

1. His/her parents or guardians* live; or
2. Caretaker who is responsible for providing the student with food, clothing, or shelter in the absence of parent or legal guardian**.

()A guardian is defined as an adult other than a parent who has been lawfully invested with the power, and charged with the duty, of taking care of a child, as evidence by a court order.*

*(**) The GDOE procedures for dealing with children who are registered by an adult who is not the legal guardian shall be implemented whenever children are registered under these circumstances.*

For Adults Who Are Caretakers of the Children They Register

(For more information, please SOP 1200-023, Chapter 11)

Child Protective Services (CPS), an agency of the Government of Guam, will be informed by the school that you are taking care of the child and you are not the child's guardian. As a caretaker, you do not have the authority to:

1. Provide consent for medical treatment which may be needed by the child; and
2. Make decisions regarding the child's education.

Caretakers must complete the *Student Registration by Caretaker Form* found in the packet. CPS is responsible for investigating these types of situations to determine what needs to be done to enable children to obtain the medical and educational care described above. CPS will work with the adult or caregiver to determine how to best do this. The caretaker and the school are both responsible for following up every 30 days on the legal guardianship status for the child. The school is responsible for documenting the efforts in PowerSchool to track the progress. (19 GCA §13201)

Uniform Policy (Board Policy 401) *(For more information, please reference Board Policy 401.)*

The Board recognizes that school uniforms enhance the learning environment. The intent of the policy is to promote the following: improve student behavior, promote appropriate attire, promote unity and pride, promote safety and security of all school personnel, minimize and or eliminate any socio-economic distinction, and promote an environment free of harassment. The following guidelines for students to follow:

1. No hats or bandanas are to be worn on school campus;
2. Pants/shorts/skorts do not need to be vendor-specific, but need to be the same color as required by the school;
3. Any color undershirt can be worn, as long as there is no obscene language or picture or unless there is a reason to believe it is gang-affiliated;
4. No revealing clothing blouses, spaghetti straps, and high heels; and no open toe shoes; and
5. Also, schools may apply additional restrictions as per BP 400 to meet their school's mission.

The two exemptions for the policy include: provisions for medical reasons or school-wide general dress-down approved by school principal.

Uniform Bag Policy *(For more information, please reference Board Policy 401.1.)*

Secondary students are allowed to use any school bag of their choice as long as it abides by the following restrictions:

1. No vulgar language/inappropriate images.
2. No secret/hidden pocket(s).
3. No connected articles that express violence



Guam Department of Education
Student Registration Packet

Part B: Student Information

Student Demographics

Student Name: _____
Last Name, First Name, Middle Initial

Circle One: _____ Grade Level: _____ Date of Birth: _____ Place of Birth: _____
Male or Female _____ Month/Day/Year _____ U.S. Territory/State/Other Country

Home Address: _____
House # _____ Street Name _____ Village _____ Zip Code _____

Mailing Address: _____
P.O. Box _____ Village _____ Zip Code _____

Student resides with: (Check all that applies)

- () P Parents () M Mother Only () F Father Only
() GP Grandparents () GM Grandmother () GF Grandfather () G Guardian

School History: (Select one of the following)

1. [] For student entering kindergarten: If student attended one of the following early childhood program, please select program:
() Guam Head Start Program () GDOE Pre-Gate Program () GDOE Preschool-K Program
2. [] For all other students, please indicate name and address of last school attended:

Name of School _____ Address of School _____

Student Placement: Please check (✓) the service/s your child is receiving or has received –

- () Special Education Services () Section 504 Accommodations
() English as a Second Language () Individualized Health Plan
() Other: _____ () None

For School Registrar to complete and select (✓) the Type of Enrollment Code that applies.

() E1: Original Entry/First-Time Entry

Completed registration for a first-time student enrollment to GDOE.
(Used primarily by elementary schools.)

() R2: Entry/Re-Entry from another GDOE school

Completed registration process for a student from another GDOE school.

R3: Entry/Re-Entry from Guam non-public school Completed registration process for a student from a Guam non-public school (private/non-profit, charter, DODEA).

R4: Entry/Re-Entry from an off-island school Completed registration process for a student from an off-island school.

() R5: Re-Entry from Another Guam School After Withdrawal or Expulsion

Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from another GDOE school.

R5: Re-Entry from Another Guam School After Withdrawal or Expulsion

Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from another GDOE school.

R6: Re-Entry To Same School After Withdrawal or Expulsion

Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from the same GDOE school.

R8: Re-Entry From Alternative Program School

Completed registration process of a student who have been attending another learning institution (Alternative School, Department of Youth Affairs/ Sagan Manhomlo (Drug and Alcohol Program) / Rays of Hope).

R10: Re-Entry From Home School

Completed registration process of a student who has been attending home school.

LIGUAN ELEMENTARY SCHOOL
DISTRICT AREA/ATTENDANCE ZONE

B10 UNIT 9 LIGUAN
PS CODE: LIGUAN MALL

DAMA DE NOCHE CT
DAMADA CT
DAOG CT
DUGDUG CT
GABGAB CT
GAOGAO CT
GRANADA CT
GUAMELA CT
HASMIN CT
IFIL CT
ILANGILANG CT
FADANG CT

KS52 LIGUAN TERRACE
PS CODE: LIGUAN BHD SCH

KAMACHILE CT
KAFU CT
KAHET CT
KASOY CT
KOLALES CT
LAGUANA CT
LEMAI CT
LEMONCITO CT
MANSANITA CT
NARDO CT (MARDO)
MARIPOSA CT
MELINDES CT
NUNU CT
PAGO CT
PIAO CT
PUTTING CT
RUAL CT
SUNRISE CT
SUNSET CT
TALISAY CT
CHLN HENRY KAISER

B13 UNIT 10 LIGUAN RTE 16
PS CODE: LIGUAN RTE 16

SANTA LOURDES ST
PAYBA APTS
GUIEB APTS
BUMAGAT APTS (IN SANTA LOURDES ST)
CHU'S BLDG
PC CARLOS BLDG
TAITANO'S APTS
IGLESIAS NI CRISTO

B16 UNIT 11 LIGUAN
PS CODE: LIGUAN FATIMA

CRESTANGAYO CT
DAGO CT
DANKULU CT

HL30 LIGUAN TERRACE
PS CODE: LIGUAN SCH RTE

ABAS CT
ACAPULCO CT
ACHOTE CT
ADELFA CT
AGAG CT
ANONAS CT
BABA CT
BANALO CT
BELIMBINES CT
CEBELLO CT
CHOTDA CT
CANAFISTULA CT



**Guam Department of Education
Student Registration Packet**

Part C: Parent or Guardian and/or Caretaker Information

Father or Guardian and/or Caretaker Information:

Name: _____
Last Name, First Name, Middle Initial

Home Phone Number

Mobile Phone Number

Email Address

Place of Employment: _____

Work Phone Number

Home Address: _____
House # Street Name Village Zip Code

Mailing Address: _____
P.O. Box Village Zip Code

Mother or Guardian and/or Caretaker Information:

Name: _____
Last Name, First Name, Middle Initial

Home Phone Number

Mobile Phone Number

Email Address

Place of Employment: _____

Work Phone Number

Home Address: _____
House # Street Name Village Zip Code

Mailing Address: _____
P.O. Box Village Zip Code

Language Information

- | | |
|--|-----------|
| 1. Do you speak English? | YES OR NO |
| 2. Are you able to read in your native language? | YES OR NO |
| 3. Do you need an interpreter to complete the registration packet? | YES OR NO |

School Note:

If parent/guardian/caretaker, answers "no" for either #1 or #2 or "yes" for #3, the school must contact SPCE Social Worker and provide a copy of the registration for assistance with the registration process.

By affixing my signature below, I affirm the information provided is true and correct to the best of my knowledge. If any of the information is found to be false, fraudulent, or inaccurate, the parent will be promptly notified, and the student shall be unenrolled and sent to his / her respective school attendance.

Print Parent/Guardian/Caretaker Name

Signature

Date

Note: A registration by a caretaker is only good for up to 30 days.



**Guam Department of Education
Student Registration Packet**

Part E: Ethnicity and Race Identification

| | | | | | |
|---|--|----|---|---|-------------------------------------|
| Section 1: The following two (2) tables pertain to the student for statistical purposes. | | | | | |
| Citizenship: (Circle one) | | | | | |
| 1 | US Citizen | 5 | FSM Citizen | | |
| 2 | CNMI Citizen | 6 | Marshalllese Citizen | | |
| 3 | Permanent Resident Alien (Green Card) | 7 | Belauan Citizen | | |
| 4 | I-20/Foreign Student/F-Visa | 8 | H-4 Visa | | |
| Ethnic Background: (Circle one) | | | | | |
| A | Chamorro | G | Korean | P | Vietnamese |
| AR | Rota | H | Hawaiian | Q | Hispanic |
| AS | Saipan | I | Samoa | R | American Indian/ Alaskan Native |
| AT | Tinian | J | Kosraean | S | Indonesian |
| B | Filipino | K | Pohnpeian | T | Other Pacific Islander |
| C | White (Non-Hispanic) | L | Chuukese | U | Mixed |
| D | African American | M | Yapese | | Other |
| E | Japanese | N | Marshalllese | | |
| F | Chinese | O | Belauan | | |
| Race: (Circle one) | | | | | |
| AM | American Indian or Alaskan Native (R) | AS | Asian (B) (E) (F) (G) (P) (S) | | |
| BL | Black or African American (D) | HI | Hispanic or Latino (Q) | | |
| HP | Native Hawaiian or Other Pacific Islander (A) (AR) (AS) (AT) (H) (I) (J) (K) (L) (M) (N) (O) (T) | MR | Other Ethnic/Mixed Categories (U) | | |
| WH | White (Non-Hispanic) (C) | | | | |
| Section 2: The following information below pertains to the parent/guardian with whom the student is living with upon registration. | | | | | |
| Federal Status: (Circle one) | | | | | |
| A | Navy (Military) | H | Coast Guard (Civilian) | M | All Others |
| B | Navy (Civilian) | I | Marine Corps (Military) | N | Reserves (Inactive/PT) |
| C | Air Force (Military) | J | Marine Corps (Civilian) | O | National Guard (Inactive/Part-Time) |
| E | Army (Military) | K | Other Federal Agencies | P | Retried Military |
| F | Army (Civilian) | L | Student I-20 | Q | Active Reserves/National Guard |
| G | Coast Guard (Military) | | | | |
| Living Status: (Circle one) | | | | | |
| 1 | Live and Work on Federal Property | 3 | Live on Federal Property Low Cost Housing | | |
| 2 | Work on Federal Property | 4 | None-Federally Connected | | |



**Guam Department of Education
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Part G: Student Home Map & Other Information

For School Use Only:

Attendance Area Code: _____

Is student a car rider? (circle one) YES NO

Is student a walker? (circle one) YES NO

Is student a bus rider? (circle one) YES NO



**DEPARTMENT OF EDUCATION
EMERGENCY INFORMATION & HEALTH FORM**

SY: 20 ____ - 20 ____



Student: _____ **School:** _____
Last First Middle Initial

Date of Birth: ____/____/____ **Male or Female** **Ethnicity:** _____ **Grade:** _____ **Room:** _____
Month Day Year (circle one)

The information provided below will be used to update demographics on PowerSchool.

| | |
|--|--|
| Father/Guardian: | Mother/Guardian: |
| Mailing Address: | Mailing Address: |
| Home Address | Home Address |
| Place of work: | Place of work: |
| Home Phone: Work: | Home Phone: Work: |
| Cell: | Cell: |
| Email: | Email: |

Mode of Transportation: **Bus Rider** **Car Rider** **Walker**

It is required to provide an alternate contact name and number of an adult who can pick your child up from school if you cannot be contacted. All adults will be required to show photo identification when picking up your child. Students will be released **ONLY** to those listed below.

| | Name | Relationship to Child | Home Phone | Work Phone | Cell Phone |
|---|-------------|------------------------------|-------------------|-------------------|-------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

In the event of a food borne illness, DOE/DPHSS are authorized to obtain stool/vomit samples from the child in the interest of Public Health. **Yes** **No**

I give permission for the ambulance to transport my child to: **GMH** **Naval Hospital**
 GRMC in a medical emergency. **Insurance:** _____

In case of an Emergency, DOE Reserves the Right to release contact information to your child's bus driver or the Superintendent of Operations, Department of Public Works. _____ **(Parent/Guardian Initial)**

My child is able to participate in a regular PE class and physical activities: **YES** **NO** if **"NO"** a Health Care Provider's note is required.

Parent/Guardian Print & Signature

Date

Basic Health Data

To be filled out by Parent/Guardian to effectively meet the health needs of your child at school.

| Yes | No | Complete Checklist below regarding your Child | |
|-----|----|---|---|
| | | Rheumatic Fever | |
| | | Diabetes | |
| | | Heart Disease | |
| | | Skin Problems | Eczema Other: |
| | | Seizures | Date of Last seizure: |
| | | Hearing Problem | Hearing Aid: Yes No |
| | | Vision Problem | Glasses or Contact Lenses |
| | | Asthma Inhaler Nebulizer | |
| | | Date of Last asthma attack: | |
| | | Allergy to: Food Drugs Other, specify: | |
| | | Allergy to: Bee Sting Insect Type of reaction: | |
| | | Epipen Yes No | |
| | | Current Medication(s): | Reason: |
| | | Other Serious Illness or Injury: | |
| | | Other Behavioral or Mental Health Concerns: | |

(Please Draw a Map to your Residence)

List the names of all your children who are attending this school (include Head Start) from the oldest to the youngest:

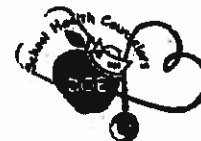
| | Child's Name | Grade | Room |
|---|--------------|-------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |



Department of Education

Medical Clearance Form

☐ Medical ☐ Athletics



| | | | | | |
|------------------|-----|--------|-------------------------------|---------------------------------|-------|
| School: | | Grade: | | Home Room #: | |
| Name of Child: | | | Male <input type="checkbox"/> | Female <input type="checkbox"/> | DOB: |
| Home Address: | | | | | |
| Father/Guardian: | | | Mother/Guardian: | | |
| Place of work: | | | Place of work: | | |
| Phone: Hm: | Wk: | Cell: | Phone: Hm: | Wk: | Cell: |

Immunization and TB Status:

A copy of the Official Immunization Record must be attached. Such record must indicate the specific immunization and results of a TB Skin Test and dated on which they were received. Refer to Board Policy 377 for specific requirements.

Physical Examination:

| | | | |
|------------|------------|-------------|-------------|
| Height: | Weight: | T-P-R: / / | BP: |
| Vision RT: | Vision LT: | Hearing RT: | Hearing LT: |

| Complete Each Item Below | Normal | | Describe Findings if Abnormal or Reason for not Examining |
|-------------------------------|--------|----|---|
| | Yes | No | |
| General appearance | | | |
| Skin | | | |
| Hair | | | |
| Nails | | | |
| Eyes: External (Pupil/Cornea) | | | |
| Optic Fundus | | | |
| Auditory Acuity | | | |
| Muscle Balance | | | |
| Ears: External | | | |
| Auditory Acuity | | | |
| Tympanic Membrane | | | |
| Nose | | | |
| Mouth | | | |
| Pharynx | | | |
| Larynx | | | |
| Speech | | | |
| Teeth/Gums | | | |
| Neck/Lymph/Larynx | | | |
| Cardiovascular | | | |
| Respiratory | | | |
| Gastro Intestinal | | | |
| Genital-Urinary | | | |
| Muscular Skeletal | | | |
| Scoliosis Screening | | | |
| Neurological Impressions | | | |
| Nutritional Status | | | |
| Behavior during Examination | | | |
| Other | | | |

Laboratory Test:

| | | | |
|-------------|-------|-------------|------------|
| Hemoglobin: | Date: | Hematocrit: | Date: |
| Other Test | Date | Results | Other Test |
| Results | | | Date |

Summary of Findings, Treatments and Recommendations:

| Diagnosis/Findings | Advice and Treatment Given | Recommendations and Follow-Up Plan |
|--------------------|----------------------------|------------------------------------|
| | | |
| | | |
| | | |

Child is physically fit to participate in physical education and/or athletic events and related activities: () Yes () No

Examiner (print) Signature Date Clinic name Contact Number(s)

To be completed by Parents:

Health History: Please indicate Age and year on Condition on the space provided below.

| | | | |
|--------------|------------------|-------------------|------------------|
| Anemia: | Diabetes: | Heart Disease: | Rheumatic Fever: |
| Asthma: | German measles: | Hernia (Rupture): | Skin Problem: |
| Chicken Pox: | Hay Fever: | Measles: | Tuberculosis: |
| Convulsions: | Hearing Problem: | Mumps: | Vision Problems: |

| | | | |
|---|---|-------|----------|
| 1 | Head Injuries | Year: | Results: |
| 2 | Fractures | Year: | Results: |
| 3 | Previous hospitalization | Year: | Results: |
| 4 | Allergies (please list): | | |
| | Currently taking medication: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5 | Name of medication(s): | | |
| | Reason/Diagnosis: | | |
| 6 | Disability (specify): | | |
| 7 | Prosthesis (specify): | | |
| 8 | Any medical reason why this child should NOT participate in Physical Education or related activities? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 9 | Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle etc.) died suddenly before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10 | Has the athlete ever stopped exercising because of dizziness or passing out during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11 | Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12 | Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13 | Does the athlete have a history of concussion (getting knocked out)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 14 | Has the athlete ever suffered a heat-related illness (heat stroke)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 15 | Does the athlete have a chronic illness or see a doctor regularly for any particular problem? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 16 | Does the athlete have only one of any paired organs (eyes, ears, kidneys, testicles, ovaries)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 17 | Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 18 | Has the athlete had surgery or been hospitalized in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 19 | Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 20 | Are you, the athlete, worried about any problem or condition at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please give details on any "Yes" answer(s) from the above health history. | | | |
| | | | |
| | | | |

Please notify the School Health Counselor or School Administrator if there are any pertinent changes in health status, temporary or otherwise of your child.

Students must submit valid documentation showing completion of a Physical Examination, Immunization when they are due, results of TB Skin Test and Emergency Information Form. (Board Policy 337 Health Requirements) Students who plan to participate in Interscholastic Activities/Athletics must submit the Parental Consent and Athletic Clearance Form. GIAA Rule VII, Student Eligibility, Section-5 Parent Consent/Medical Form.

Parent/Guardian (print) Signature Date

Clearance for Athletics

I have examined student and find the child physically able to participate in the following activities initiated.

For School Year: 20____ to 20____

All Activities Listed ☐ Select each activity if not ALL allowed. NO ACTIVITIES ☐

| | | | | |
|--|--|---------------------------------------|--|-------------------------------------|
| Basketball <input type="checkbox"/> | Cross Country <input type="checkbox"/> | Football <input type="checkbox"/> | Racquetball <input type="checkbox"/> | Volleyball <input type="checkbox"/> |
| Track & Field <input type="checkbox"/> | Softball <input type="checkbox"/> | Soccer <input type="checkbox"/> | Tennis <input type="checkbox"/> | Gymnastics <input type="checkbox"/> |
| Wrestling <input type="checkbox"/> | Rugby <input type="checkbox"/> | Cheerleading <input type="checkbox"/> | Non-Contact Sport <input type="checkbox"/> | |
| Minimum Weight Allowed to Participate if required: | | | Other (specify) | |
| Further Medical Examination is needed (specify): | | | | |

Examiner (print) Signature Date Clinic name Contact Number(s)



Guam Department of Education
HOME LANGUAGE SURVEY
 (Part F: Student Registration)

School: _____

| Student's Name | Date of Birth | Grade |
|--|---------------|-------|
| <div style="display: flex; justify-content: space-between;"> Last First MI </div> | | |

Federal Law and Guam Education Policy Board/Guam Department of Education policy requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Thank you for your help.

Please circle one for each question.

1. Which language did your son or daughter speak when he or she first began to talk?

| | | | |
|-------------|-------------------------|----------------|--------------------|
| 10 Chamorro | 39 Other Filipino Lang. | 60 Vietnamese | 75 Palauan |
| 20 English | 41 Mandarin | 70 Carolinian | 76 Pohnpeian |
| 32 Ilocano | 42 Cantonese | 71 Chuukese | 77 Yapese |
| 35 Tagalog | 45 Other Chinese Lang. | 73 Kosraean | 80 Japanese |
| 37 Visayan | 50 Korean | 74 Marshallese | 99 Other Language: |

2. What language does your son or daughter most frequently speak at home?

| | | | |
|-------------|-------------------------|----------------|--------------------|
| 10 Chamorro | 39 Other Filipino Lang. | 60 Vietnamese | 75 Palauan |
| 20 English | 41 Mandarin | 70 Carolinian | 76 Pohnpeian |
| 32 Ilocano | 42 Cantonese | 71 Chuukese | 77 Yapese |
| 35 Tagalog | 45 Other Chinese Lang. | 73 Kosraean | 80 Japanese |
| 37 Visayan | 50 Korean | 74 Marshallese | 99 Other Language: |

3. What language does your son or daughter most frequently speak with friends?

| | | | |
|-------------|-------------------------|----------------|--------------------|
| 10 Chamorro | 39 Other Filipino Lang. | 60 Vietnamese | 75 Palauan |
| 20 English | 41 Mandarin | 70 Carolinian | 76 Pohnpeian |
| 32 Ilocano | 42 Cantonese | 71 Chuukese | 77 Yapese |
| 35 Tagalog | 45 Other Chinese Lang. | 73 Kosraean | 80 Japanese |
| 37 Visayan | 50 Korean | 74 Marshallese | 99 Other Language: |

4. What language do you use most frequently to speak to your son or daughter?

| | | | |
|-------------|-------------------------|----------------|--------------------|
| 10 Chamorro | 39 Other Filipino Lang. | 60 Vietnamese | 75 Palauan |
| 20 English | 41 Mandarin | 70 Carolinian | 76 Pohnpeian |
| 32 Ilocano | 42 Cantonese | 71 Chuukese | 77 Yapese |
| 35 Tagalog | 45 Other Chinese Lang. | 73 Kosraean | 80 Japanese |
| 37 Visayan | 50 Korean | 74 Marshallese | 99 Other Language: |

5. Name the language(s) most often spoken by adults at home.

| | | | |
|-------------|-------------------------|----------------|--------------------|
| 10 Chamorro | 39 Other Filipino Lang. | 60 Vietnamese | 75 Palauan |
| 20 English | 41 Mandarin | 70 Carolinian | 76 Pohnpeian |
| 32 Ilocano | 42 Cantonese | 71 Chuukese | 77 Yapese |
| 35 Tagalog | 45 Other Chinese Lang. | 73 Kosraean | 80 Japanese |
| 37 Visayan | 50 Korean | 74 Marshallese | 99 Other Language: |

 Signature of Parent or Guardian

 Date

Should a school determine a student language is other than English, the school registrar must refer the student and parent/guardian to the ESL Coordinator and Guam ESL Procedural Manual. This form must be attached to the PEP form in the cumulative folder. This form was taken from the revised version on 12/18 – Curriculum & Instruction.



Guam Department of Education
Student Registration Packet

Part K: SCHOOL COUNSELING INFORMED CONSENT FORM

Introduction of Services

Guam Department of Education is committed to provide school counseling support to its students. School teachers, school administrators, school officials or parents/guardians may refer students for school counseling services, or students may request counseling on their own. There is no cost for school counseling services. However, school counseling services are not intended as a substitute for medication, psychotherapy or a medical diagnosis.

Responsibility to Students: School counselors provide individual supportive counseling and facilitate Small Group Sessions to help students with academic, career, behavioral, social and emotional needs. School counselors may provide counseling interventions to address various student challenges but **not** limited to the following such as students' adjustment or transition difficulties, self-esteem challenges, peer relationships, study skills, stress management, anger management, fears or worries, academic progress, conflict resolution, social skill building, substance abuse education, etc.

Confidentiality: School counselors maintain student information and school counseling services confidential. No other persons or agencies outside of GDOE will have any access to students' records without a written consent to release of information from their parents. Parents have the right to revoke any written consent at any time.

Limits to Confidentiality: School counselors have limits to confidentiality. Legally, school counselors are mandated by law to reveal information about a student under the following circumstances:

1. A student is a danger of harming or ending his or her life
2. A student is a danger of harming others or threat to school safety
3. A student self-disclose or evidence of any past or ongoing neglect and/or abuse (sexual, verbal, physical, or emotional).
4. Court order or other legal proceedings

Acknowledgement, Agreement and Written Consent:

Student Name: _____ School Name: _____ Grade Level: _____

I, _____, am the parent/legal guardian of the student listed above. I have read and acknowledge the terms above discussed in the *School Counseling Informed Consent*. I agree and I give my written permission/consent for my child to participate and to receive school counseling services while attending school at GDOE. I also give my written permission to my child's identified School Counselor to collaborate, if necessary, with the District Psychologist through psychological consultations for the school counselor to seek guidance, information and/or discussion to address my child's needs.

Parent/Legal guardian name (print and Signature)

Date

School Principal (Print Name and Sign)

Date

Disclaimer: Parents/legal guardians, in the event you decline your child to participate in and to receive school counseling services at his or her school, please provide a written statement that you do not want your child to receive school counseling services and the reason for not wanting your child to participate in school counseling services addressed to your child's school administrator with parent signature and date.



**Guam Department of Education
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Part L: SWIFTK12 Parent Contact Preference Form

Dear Parents/Guardians,

The information below is necessary for your child's school to successfully send electronic notifications regarding emergencies, attendance, or general announcements. **Please note that for emergencies and attendance, parent's will be contacted using all three methods; text messaging, phone call, and email (if applicable).** However, for General Announcements, you are able to indicate a preference. The call out boxes to the right of each section are intended to provide a brief explanation.

If the contact information on this form is different from what was provided on the current school year Student Emergency Information Form, please submit an updated one. This form is only for SWIFTK12 purposes. Please have your child return the document to his/her school. If you have any questions or need assistance, please contact your school directly. Thank you for your assistance.

Student First Name _____ Middle Initial _____ Last Name _____

Send notices to both parents/guardians: YES ☐ NO ☐ (only fill ☐ name of parent/guardian to receive).

Mother/Guardian First Name: _____ Middle Initial _____ Last Name _____

Father/Guardian First Name: _____ Middle Initial _____ Last Name: _____

| | | |
|---|--------------------------|--|
| General Announcement Message Category (e.g., student bulletin, etc.) (Check each box you want) | | ****For General Announcements ONLY, there are three (3) optional methods for sending out notifications; text, email, and voice calls to home or cellular. All three (3) methods will be used, unless otherwise specified. |
| Text Messaging: | <input type="checkbox"/> | |
| Phone Call (Cellular): | <input type="checkbox"/> | |
| Phone Call (Home): | <input type="checkbox"/> | |
| Email: | <input type="checkbox"/> | |
| Contact Field | | **** The blank fields to the left are very important for the notifications to work successfully. Please provide current contact numbers for each field that applies. Phone numbers need to include area code plus number (e.g., 6714821267). Email addresses should be printed legibly. Please provide as much information as possible to increase success of electronic messages being received. |
| Field | Information | |
| Home phone | | |
| Mother/Guardian Cell Phone | | |
| Father/Guardian Cell Phone | | |
| Mother/Guardian Email | | |
| Father/Guardian Email | | |



JON J.P. FERNANDEZ
Superintendent of Education

DEPARTMENT OF EDUCATION

STUDENT SUPPORT SERVICES DIVISION

501 Mariner Ave., Barrigada, Guam 96913

Telephone: (671) 300-1623/1624

Email: cjanderson@gdoe.net



CHRISTOPHER M. ANDERSON
Administrator

TRUANCY PREVENTION NOTICE TO PARENTS

To the parents of _____, our records at _____
Name of Student Name of School

Indicates that your child has accumulated _____ days of unexcused absences. It is your duty and responsibility to ensure your child attends school daily. If your child continues to incur more unexcused absences to the extent it reaches twelve (12) days, your child will be referred to the Family Court of Guam for truancy as required by law. Please review below the **GUAM ATTENDANCE LAW, TITLE 17 GUAM CODE ANNOTATED (GCA)**:

Section 6102 Duty to Send Children to School.

Any parent, guardian or other person having control or charge of any child who is at least five (5) years of age and has not reached the age of eighteen (18) years of age, not exempted under the provisions of this Article, shall send the child to a public or private full-time day school for the full-time of which such schools are in session, except that the starting date of school for children five (5) years of age shall be determined by the provisions of §6103 and 6107 of this Article.

The Superintendent is authorized to establish attendance areas. Any parent, guardian or other person having control or charge of any such child who is at least five (5) years of age, and has not reached the age of eighteen (18) years, who fails to comply with the provisions of this Section, *unless* excused or exempted therefrom, is guilty of a violation for the first offense, and subject to perform one hundred (100) hours of community service at the school of the student. For each subsequent offense, the person is guilty of a petty misdemeanor.

Section 6401 (c) Truant

"Truant" means a pupil found to be absent from school without a reasonable and bona fide excuse from a parent.

Section 6402. Habitual Truant

A pupil is a habitual truant if the pupil has incurred twelve (12) or more unexcused absences in a school year and is of compulsory attendance age. If any pupil is a habitual truant, the principal of the pupil's school shall request the Superintendent to file a petition concerning such habitual truant in the Family Court of the Superior Court of Guam.

Should you have any questions regarding this matter, please feel free to contact our office at:

Parent/Guardian Name (Print)

Parent Signature

Date

Administrator Name (Print)

Administrator Signature

Date

School Attendance Officer/Resource Officer Name



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Student Registration Packet

Part M: Education Technology Use Policy – User & Parent/Guardian Agreement

A printed copy of the policy will be readily available upon registration for student, and parent/guardian to read and review prior acknowledging and signing this form. Student and parent/guardian may request with the school registrar for a copy of the policy at any time of the school year.

Education Technology Use Policy User Agreement

I have read, understand, and will follow Guam Education Board Policy 379 Education Technology Use Policy when using computers and other electronic resources owned, leased, operated by the Guam Department of Education and/or personal devices accessing the GDOE network. I further understand that any violation of the policy that is illegal, prohibited, immoral, and/or unethical may result in disciplinary actions up to and including suspension or expulsion, access privileges revoked, and/or legal action.

Student Name (Print)

Student Signature

Date

Education Technology Use Policy Parent/Guardian Agreement

(Note: Student youths as defined under federal guidelines – are student youths 21 years of age or under.)

As a parent or guardian of [print the name of student] _____
Name of Student (Print)

I have read the Guam Board of Education Policy 379 Education Technology Use Policy. I understand that this access is designed for educational purposes. _____ has taken
Name of School

Reasonable steps to control access to the internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold the _____
Name of School

Responsible for materials acquired on the network. I, hereby, give permission for my child to use network resources, including the internet that are available through Guam Department of Education.

Parent Name (Print)

Parent Signature

Date



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Part N: Media/Photo Release Permission

_____ will be reporting newsworthy events by film, photograph, audiotape, or
Name of School

videotape student's name, image, student work and performance to display, publish or distribute these for the purpose of publishing on the school-approved websites, school bulletin or on social media sites for broadcasting online, television or radio as determined by the school.

External media organizations may attend school events and may record, film, photograph, audiotape or videotape student's name, image, student work and performance for the purpose of being published or broadcast online, on television or radio.

The respectfully requests your permission to use such picture/video. If, however, you do not feel comfortable granting this permission, we will respect your privacy.

Please check one option below and sign and date below:

- () **I DO** allow the school to release my child's name, photograph and/or work to be used as described above.
- () **I DO NOT** allow the school to release my child's name, photograph and/or work to be used as described above.

| | |
|------------------------------|--|
| Name of Child (Print) | |
| Parent/Guardian Name (Print) | |
| Parent/Guardian Signature | |
| Contact Number | |
| Date | |

