

# Guam Department of Education Student Registration Packet



AGANA HEIGHTS ELEMENTARY SCHOOL

Student Name: \_\_\_\_\_  
Previous School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Packet Number: \_\_\_\_\_

Website

**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.



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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"> <li>a. ___ Mayor's Verification – names of parents/legal guardians and children; or</li> <li>b. ___ Copy of Mortgage Settlement/Deed to Property/Lease Agreement, Base Commander's Certification clearly showing complete home address; or</li> <li>c. ___ Utility Bill (Power, Water, Telephone); or</li> <li>d. ___ Living arrangements if staying with a family/friend – homeowner to provide a notarized letter; or</li> <li>e. ___ Deemed Homeless. (form from SPCE)</li> </ul> |               |                         |
| 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 <i>or Appointment Card</i>  |               |                         |
| 4. Emergency Form   |               |                         |



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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



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**Part A: Board Policies – Parent Acknowledgement (Page 2)**

**FOR HIGH SCHOOL STUDENTS ONLY:**

**Service Learning Requirements for High School Students** (For more information, please reference Board Policy 381) The Guam Education Board and the Superintendent of the Guam Department of Education shall create the Service Learning Framework in accordance with 17 GCA § 4124, which states that “each student shall complete seventy-five (75) hours of service learning as a requirement for high school graduation.” Service Learning Hours shall be prorated for students who are newly enrolled with GDOE.

**Graduation Requirements for High School Students** (For more information, please reference Board Policy 351.4)

| Required Courses                   | College Preparatory Credits | Career Preparatory Credits |
|------------------------------------|-----------------------------|----------------------------|
| Language Arts                      | 4                           | 4                          |
| Social Studies                     | 4                           | 3                          |
| Math                               | 4                           | 3                          |
| Science                            | 4                           | 3                          |
| Health                             | 1                           | 1                          |
| Physical Education                 | 1                           | 1                          |
| Chamorro                           | 1                           | 1                          |
| Fine Arts                          | 1                           | 1                          |
| <b>Total Core Requirements</b>     | <b>20</b>                   | <b>17</b>                  |
| <b>Career Preparatory Courses</b>  | <b>0</b>                    | <b>4 – 6</b>               |
| <b>Selected Site-based Courses</b> | <b>4</b>                    | <b>1 – 3</b>               |
| <b>TOTAL CREDITS</b>               | <b>24</b>                   | <b>24</b>                  |

*I acknowledged that I have read and understand the above language regarding policies pertinent to my child's enrollment at Guam Department of Education.*

Parent/Guardian Print Name: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**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)**

- 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
- 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 --**

- |   |   |
|---|---|
| <input type="checkbox"/> Special Education Services   | <input type="checkbox"/> Section 504 Accommodations |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Individualized Health Plan |
| <input type="checkbox"/> Other: _____                 | <input type="checkbox"/> None                       |

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

- |  |   |
|--|---|
| <p><b><u>E1: Original Entry/First-Time Entry</u></b><br/>Completed registration for a first-time student enrollment to GDOE. (Used primarily by elementary schools.)</p>   | <p><b><u>R2: Entry/Re-Entry from another GDOE school</u></b><br/>Completed registration process for a student from another GDOE school.</p>   |
| <p><b><u>R3: Entry/Re-Entry from Guam non-public school</u></b> Completed registration process for a student from a Guam non-public school (private/non-profit, charter, DODEA).</p>   | <p><b><u>R4: Entry/Re-Entry from an off-island school</u></b> Completed registration process for a student from an off-island school.</p>   |
| <p><b><u>R5: Re-Entry from Another Guam School After Withdrawal or Expulsion</u></b><br/>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.</p> | <p><b><u>R5: Re-Entry from Another Guam School After Withdrawal or Expulsion</u></b><br/>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.</p>                  |
| <p><b><u>R6: Re-Entry To Same School After Withdrawal or Expulsion</u></b><br/>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.</p>          | <p><b><u>R8: Re-Entry From Alternative Program School</u></b><br/>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).</p> |
|  | <p><b><u>R10: Re-Entry From Home School</u></b><br/>Completed registration process of a student who has been attending home school.</p>   |



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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.



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Part D: School Attendance Zone

School to Insert Attendance Zone

Agana Heights Village Street Names

A.B. WonPat Drive  
Aguon Drive  
AK Court  
AK Drive  
Alum Court  
Apugan Circle  
Apugan Drive  
AS Kotla Drive  
Avenida Herman DeLeon  
Binadu Street  
Bita Court  
Bougainvilla Court  
Calle Angel Flores Street  
Calvo Drive  
Carmen De Flores  
Catalina Street  
Chargualaf Court  
Chalan Cantan Tatuja  
Chalan Guma Yu'us  
Chalan Kapachino  
Chalan Macajna  
Chalan Palasyo  
Cruz Drive  
Dadik Lane  
Diangat Court  
Dongo Drive  
Etton Court  
Etton Lane  
Faha Road

Fonte Road  
Fontview Drive  
Fort Court  
Francisco Javier Avenue  
Frederico Drive  
Garrido Court  
Gay Drive  
Gutierrez Court  
Gutierrez Way  
Gumataotao Drive  
Haigus Drive  
Joe & Flo Drive  
Kenny Lane  
Kotla Court  
Lalaghita Court  
Lefever Drive  
Luna Avenue  
Manga Court  
Manha Road  
Manley Drive  
MC Court  
Mendiola Court  
Mendiola Drive  
Nelson Drive

Niyog Drive  
Obispo/Pale Kieran Hickey  
Drive  
Ojeda Drive  
Otot Court  
Paasan Drive  
Patnetos Drive  
Perez Drive  
Punot Drive  
Quenga Court  
Reyes Court  
Roberto/L.G. Street  
Sablan Drive  
Sablan Street  
Salas Lane (Ghura Site 250)  
Seventh Day Adventist Drive  
Sunset Drive  
Taigigao Street  
Tan Diddy Court  
Tun Carlos L.G. Road  
Tun Kiko Drive  
Tun Kin Ulloa Street  
Tutujan Drive  
Ulloa Estates  
Ulloa-Untalan Avenue  
Ulloa-Untalan Court  
Untalan Street  
Vicente Solomon Drive

A Quenga Street  
Assumption Drive  
Bela Street  
Chalan Soling  
Edward Lane

Piti Village - AHES

JCQ Street  
J C Santos Street  
J M Tuncap Street  
J R Roberto Street  
J S N Quenga Street  
Manga Street

Mary'n Peling Street  
Masso Court  
Ocean Breeze Apartment  
Quenga Court  
Scharff Street





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**Part E: Ethnicity and Race Identification**

|   |  |    |   |
|---|--|----|---|
| <b>Section 1: The following two (2) tables pertains to the student for statistical purposes.</b>  |  |    |   |
| <b>Citizenship: (Circle one)</b>  |  |    |   |
| 1   | US Citizen   | 5  | FSM Citizen                               |
| 2   | CNMI Citizen   | 6  | Marshallese Citizen                       |
| 3   | Permanent Resident Alien (Green Card)  | 7  | Belauan Citizen                           |
| 4   | I-20/Foreign Student/F-Visa  | 8  | H-4 Visa                                  |
| <b>Ethnic Background: (Circle one)</b>  |  |    |   |
| A   | Chamorro   | G  | Korean                                    |
| AR  | Rota   | H  | Hawaiian                                  |
| AS  | Saipan   | I  | Samoa                                     |
| AT  | Tinian   | J  | Kosraean                                  |
| B   | Filipino   | K  | Pohnpeian                                 |
| C   | White (Non-Hispanic)   | L  | Chuukese                                  |
| D   | African American   | M  | Yapese                                    |
| E   | Japanese   | N  | Marshallese                               |
| F   | Chinese  | O  | Belauan                                   |
| <b>Race: (Circle one)</b>   |  |    |   |
| 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)   |    |   |
| <b>Section 2: The following information below pertains to the parent/guardian with whom the student is living with upon registration.</b> |  |    |   |
| <b>Federal Status: (Circle one)</b>   |  |    |   |
| A   | Navy (Military)  | H  | Coast Guard (Civilian)                    |
| B   | Navy (Civilian)  | I  | Marine Corps (Military)                   |
| C   | Air Force (Military)   | J  | Marine Corps (Civilian)                   |
| E   | Army (Military)  | K  | Other Federal Agencies                    |
| F   | Army (Civilian)  | L  | Student I-20                              |
| G   | Coast Guard (Military)   | M  | All Others                                |
|   |  | N  | Reserves (Inactive/PT)                    |
|   |  | O  | National Guard (Inactive/Part-Time)       |
|   |  | P  | Retried Military                          |
|   |  | Q  | Active Reserves/National Guard            |
| <b>Living Status: (Circle one)</b>  |  |    |   |
| 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  
HOME LANGUAGE SURVEY  
(Part F: Student Registration)**

School: \_\_\_\_\_

| Student's Name |       |    | Date of Birth | Grade |
|----------------|-------|----|---------------|-------|
| Last           | First | MI |               |       |

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  
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**Part G: Student Home Map & Other Information**

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***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



**Guam Department of Education  
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Part I: Student Record Request**

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

To: **School Registrar**

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Address/City/State/Zip Code

Subject: Request for Student Record

This is a written request for the official student record for student:

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

The student has enrolled at \_\_\_\_\_ on \_\_\_\_\_.  
Name of School Date

Please send the complete transcript record, cumulative folder, test results, health record, or other information which will help determine his/her placement at the school. Should you have any questions, please call

\_\_\_\_\_

Thank you.

Sincerely,

\_\_\_\_\_  
School Administrator/School Registrar



**DEPARTMENT OF EDUCATION  
EMERGENCY INFORMATION & HEALTH  
FORM SY 2022 - 2023**



Student: \_\_\_\_\_  
                    Last                      First                      Middle Initial

School: Agana Heights Elementary School

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Male      Female      Ethnicity: \_\_\_\_\_      Grade: \_\_\_\_\_      Rm: \_\_\_\_\_  
                    Month      Day      Year

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

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

|                                |   |   |  |
|--------------------------------|---|---|--|
| <b>Mode of Transportation:</b> | <input type="checkbox"/> <b>Bus Rider</b> | <input type="checkbox"/> <b>Car Rider</b> | <input type="checkbox"/> <b>Walker</b> |
|--------------------------------|---|---|--|

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.

|   | <b>Name</b> | <b>Relationship to Child</b> | <b>Home Phone</b> | <b>Work Phone</b> | <b>Cell Phone</b> |
|---|-------------|------------------------------|-------------------|-------------------|-------------------|
| 1 |             |                              |                   |                   |                   |
| 2 |             |                              |                   |                   |                   |
| 3 |             |                              |                   |                   |                   |
| 4 |             |                              |                   |                   |                   |

In the event of a foodborne 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                       | COVID-19 RELATED INFORMATION  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b><u>Wearing of Mask:</u> ONLY if it is required based upon DPHSS and/or GDOE guidance:</b><br>Is student able to <b>wear a mask/face covering</b> during the school day? <b>If NO;</b> kindly ensure that your <b>Health Care Provider</b> complete a mask exemption note and provide guidance on proposed accommodations to be safely implemented at school. |
| <input type="checkbox"/> | <input type="checkbox"/> | <b><u>COVID-19:</u></b><br>Did student ever test positive for <b>COVID-19?</b> <b>If YES,</b> when (mm/dd/year): _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b><u>Vaccination:</u></b><br>Did student receive <b>COVID-19 Vaccination?</b> <b>If YES,</b> date of <b>1<sup>st</sup> dose</b> (mm/dd/year): _____<br>Date of <b>2<sup>nd</sup> dose</b> (mm/dd/year): _____ <b>Booster</b> (mm/dd/year): _____   |

| Yes                      | No                       | Complete Checklist below regarding your Child:                                      |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic fever   |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes  |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart disease   |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin problems          Eczema          Other: _____                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures          Date of last seizure: _____                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing Problem    Hearing Aid?    Yes    No  |
| <input type="checkbox"/> | <input type="checkbox"/> | Vision Problem      Glasses          Contact Lenses                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma              Inhaler          Nebulizer<br>Date of last asthma attack: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergy to:          Food          Drugs          Other, specify: _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergy to:          Bee Sti          Insect          Type of reaction: _____       |
| <input type="checkbox"/> | <input type="checkbox"/> | Epipen:              Yes          No  |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Medication(s): _____          Reason: _____                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Serious Illness or Injury: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 from the oldest to the youngest.**

| Child's Name | Grade |
|--------------|-------|
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |
|              |       |



## Department of Education Health Requirements Form



**School:** Agana Heights Elementary School

Dear Parent/Guardian,

|                 |             |                        |
|-----------------|-------------|------------------------|
| <b>Student:</b> | <b>DOB:</b> | <b>Grade/Homeroom:</b> |
|-----------------|-------------|------------------------|

Valid Documentation<sup>1</sup> must be presented to the school showing that your child has completed the health requirements per Board Policy 337 and SOP 1700-009; checked below to:

**Register for School:**

This item applies only to the Department of Education's minimum health related registration requirements. If applicable, you will be informed of the follow-up health requirements which your child will have to meet in order to be allowed to remain in school.

**Remain in School:**

The required documentation must be presented to your child's school by \_\_\_\_\_. **Your child will be excluded from school** if the document is not submitted by the date or by the following school day after the date shown on the appointment card/letter indicating when the **Immunization/ Physical Exam/TB Skin Test** will be received.

DTP/DTaP# \_\_\_\_\_ or Td/Tdap# \_\_\_\_\_ (if the child is seven years/older)

IPV/TOPV# \_\_\_\_\_

MMR# \_\_\_\_\_ (MMR# 1 is not valid if received before the first birthday)

Hep B# \_\_\_\_\_

Hib# \_\_\_\_\_

**TB Skin Test RESULTS:**

The date on which the TB Skin Test was given AND the date on which the result was read must be clearly written. If the result is positive (*shows a reading of 10mm or greater*) the child must get a **TB Evaluation Clearance Form** issued from the Department of Public Health and Social Services (DPHSS) - **TB Program** before student can attend school. No student can attend school without a documented TB Skin test Result.

**TB Evaluation Clearance Form** from the DPHSS. **Temporary Clearance** will expire or has expired on \_\_\_\_\_.

**Physical Examination** or an appointment card which shows that a Physical Examination has been scheduled. All students entering DOE for the **first time**, regardless of grade level will be required to submit an updated Physical Exam. The Physical Exam should **not be older than one year at the start of a new school year or when enrolled**. All incoming **sixth (6) and ninth (9) grade** students will require an updated Physical Exam as well.

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

SHC/LPN print and signature and Title

Date

<sup>1</sup> The only type of documentation that will be accepted as valid are: An **official immunization record**, a note on **official medical letterhead** signed by duly authorized medical personnel or official school health records, provided each type of documentation clearly shows the dated each specific immunization was received.

<sup>2</sup> Call DPHSS TB Program at 671-735-7145/57 to make an appointment for this evaluation.



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  
Student Registration Packet**

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

|   |                          |  |
|---|--------------------------|--|
| <b>General Announcement Message Category</b><br>(e.g., student bulletin, etc.)<br>(Check each box you want) |                          | <p>****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.</p>   |
| Text Messaging:   | <input type="checkbox"/> |  |
| Phone Call (Cellular):  | <input type="checkbox"/> |  |
| Phone Call (Home):  | <input type="checkbox"/> |  |
| Email:  | <input type="checkbox"/> |  |
| <b>Contact Field</b>  |                          | <p>**** 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.</p> |
| <b>Field</b>  | <b>Information</b>       |  |
| Home phone  |                          |  |
| Mother/Guardian Cell Phone  |                          |  |
| Father/Guardian Cell Phone  |                          |  |
| Mother/Guardian Email   |                          |  |
| Father/Guardian Email   |                          |  |



Guam Department of Education  
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



**Guam Department of Education  
Student Registration Packet**

**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.

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



**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@edoc.net](mailto:cjanderson@edoc.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 reach 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 off at:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Name (Print)

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Attendance Officer/Resource Officer Name