

SCHOOL YEAR 2021 – 2022

SECOND SEMESTER FACE TO FACE MODEL OF LEARNING REQUEST FORM

Buenas! The Guam Department of Education (GDOE) hopes that all is well with you and your family and that you are all staying safe and healthy. Your child is currently on the ONLINE MODEL OF LEARNING for the first semester. **If you would like to have your child moved to FACE TO FACE Model of learning for the second semester, you would need to complete the form below.** Please take note of the following:

- If a student requests to move from ONLINE to FACE TO FACE Model of Learning they would have to remain on the FACE TO FACE Model of Learning for the rest of the school year.
- **Students who are switched from ONLINE to FACE TO FACE Model of Learning may be placed with different teachers/team.**
- GDOE is reviewing the possibility of five days of instruction for face to face in the second semester. This will result in the close of cohort scheduling and all students on the face to face model will attend classes M-F.

You must be registered at your school district to register for FACE TO FACE Model of Learning unless your child is approved for out of district by the school principal.

Instructions: Complete this form **ONLY** if you would like to register your child to the **FACE TO FACE Model of Learning**. This selection form must be completed and submitted to your child's school. You must submit one form for each child to his/her respective school.

DEMOGRAPHICS

Person completing this form: (Please Print: Last Name, First Name)		I am: (Check one)	
		<input type="checkbox"/> Parent / Legal Guardian <input type="checkbox"/> Student (18yrs or older) <input type="checkbox"/> Agency:	
Student's Last Name	Student's First Name	Middle Initial	
School			Grade Level
Parent/Guardian's Last Name, First Name:		Parent's Email Address	
Physical Address:			
Contact Number(s)			
Home:	Work:	Cell:	

FACE TO FACE MODEL OF LEARNING

- I would like to switch from ONLINE TO FACE TO FACE. I understand that following requirements (please initial below):
- _____ My child must be updated with the Physical, PPD Skin Test, and other vaccination requirements.
 - _____ My child needs to be in full uniform compliance (BP401).
 - _____ My child will need to follow the FACE to FACE safety protocols at the school site which includes all COVID-19 protocols such as wearing a face mask throughout the day unless eating or drinking, temperature screening upon arrival and constant hand washing and or sanitizing.

I understand that by signing and submitting this form, I am requesting for my child to be placed on the FACE TO FACE Model of Learning.

Parent/Guardian Signature: _____ Date: ___/___/___

For Official Use Only:
Received by School Personnel:

Date: ___/___/___

Time: _____

COMMENTS:

