

DEPARTMENT OF EDUCATIONOFFICE OF THE SUPERINTENDENT

www.gdoe.net
501 Mariner Avenue
Barrigada, Guam 96913

Telephone: (671) 300-1547/1536•Fax: (671)472-5001 Email: jfernandez@gdoe.net



Providing Access To Homes (PATH) APPLICATION

The Guam Department of Education in collaboration with the Governor's office is providing mobile internet access for qualified families to address remote learning created by COVID-19 pandemic. This program will make it possible for qualified families to apply for and receive free internet via a MIFI device.

For Families with multiple students per household, please complete only one application and list the names of the students on the Student Information box on the back of this form. <u>Submit the application to the school where your eldest child is enrolled</u>. The school will then determine the quantity of MIFI devices to issue based on the number of students living in your household.

<u>Identifying Information</u>						
SECTION 1 - **Voluntary* [] Economically Disadvantag [] English Learners [] Migrant Student	[] Yo	to your child (s): ildren with Disabilities uth in Foster Care dents experiencing homelessness				
Gender: [] Male [] Femal	e					
Ethnic Background: [] Chamorro [] Rota [] Saipan [] Tinian [] Filipino [] Japanese [] Chinese [] Korean [] Hawaiian [] Samoa [] Kosraean [] Pohnpeian [] Chuukese [] Yapese [] Marshallese [] Belauan [] Vietnamese [] Other: Race: [] American Indian or Alaskan Native [] Asian [] Black or African American [] Hispanic or Latino [] Native Hawaiian or Other Pacific Islander [] White [] Other Ethnic/Mixed Categories SECTION 2 - Capability to utilize online access. Does/do student(s) have a personal or GDOE Laptop or tablet? [] Yes [] No Does/do student(s) have charging capabilities at the home or access elsewhere? [] Yes [] No						
Student(s) may need to show proof of access to a qualifying device AND ability to charge/recharge devices						
NOTE: If you marked 'x' for any of the boxes in section 1, and YES for both boxes in section 2, you are automatically qualified for 100% assistance. Please provide certification of enrollment in any of the programs listed.						
PARENT INFORMATION						
Parent/Guardian Name (Last, First, M.I.):						
Phone Number (Home):	Phone Number (Work):	Phone Number (Cellular or alternate):				
Parent/Guardian Email address:						

	ONLY Student	s in your household				
	STUDENT's	STUDENT ID #	SCHOOL	GRADE		
	Last Name First Name	STODENTIE II	SCHOOL	LEVEL		
		GREEMENT				
By co	ompleting and signing this application and ag	reement, I/We agree to:				
т	T I					
I.	Usage Students must have qualified electrons	ia daviage to allow for ad-	vantianal aggas su	ach as a		
	a. Students must have qualified electronic GDOE or personal laptop or tablet.	ic devices to allow for edi	icational access, st	icii as a		
	b. Students must have access to charging	canability (electricity)				
	c. Regular attendance and participation i		atory.			
	d. Access is only for Educational Purpos			nication,		
	studying or conducting research relate					
	educational platforms/websites. It is n					
	termination of services will occur, and					
	f. Each device is for the use of the stude	nts(s) in the household as	determined by this	s agreement.		
II.	MIFI Device and accessories included					
11.	a. Upkeep and maintain the equipment/d	levice as instructed by the	service provider.			
	* *	•	provided provided.			
III.	Modification/Suspension/ Termination of Services a. Termination of Services upon graduation – Parents must inform the school so that services (if					
	a. Termination of Services upon graduat needed) will be discontinued	10n – Parents must inform	the school so that	services (11		
	b. Transfer schools – Parents must inform	m the school so that a cha-	nge in region if ne	ecessary shall		
	be conducted.	m me senooi so mat a ella.	nge in region, if he	ccssary, snan		
	c. Termination/Account Suspension for	Improper Use				
	d. Irregular attendance in scheduled onli		cused absences)			

I hereby certify that I am duly and legally authorized on behalf of the students in my household to agree to the conditions set forth in this application and agreement. The information contained herein is true, accurate, and complete.

Parent/Guardian NAME:	Signature:	Date:

FOR OFFICIAL USE ONLY						
GOOGLE FORM INPUT BY (School Official): NAME: SIGNATURE: DATE:	PATH Online a	PATH Online access No. 1: PATH Online access No. 2: (if there are 3 or more students per household)				
ENSURE STUDENT HAS ON FILE SIGNED BP No. 379 and 836 APPROVED BY: (Designated School Admin)						
PRINT NAME	TITLE	DATE				