
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.



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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"> a. <input type="checkbox"/> Mayor's Verification – names of parents/legal guardians and children; or b. <input type="checkbox"/> Copy of Mortgage Settlement/Deed to Property/Lease Agreement, Base Commander's Certification clearly showing complete home address; or c. <input type="checkbox"/> Utility Bill (Power, Water, Telephone); or d. <input type="checkbox"/> Living arrangements if staying with a family/friend – homeowner to provide a notarized letter; or e. <input type="checkbox"/> 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 <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 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.



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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 E: Ethnicity and Race Identification

Section 1: The following two (2) tables pertains to the student for statistical purposes.

Citizenship: (Circle one)			
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

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	Marshallese		
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
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.



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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			



**Guam Department of Education
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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: _____		
<p>I, _____, am the parent/legal guardian of the student listed above. I have read and acknowledge the terms above discussed in the <i>School Counseling Informed Consent</i>. 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.</p>								
_____						_____		
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)		<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"/>	<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>
Contact Field		
Field	Information	
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



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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.

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