

# Guam Department of Education Student Registration Packet



## GEORGE WASHINGTON HIGH SCHOOL

*Physical Address:* 298 Washington Drive Mangilao, Guam 96913

*Mailing Address:* P.O. Box 24147 GMF, Guam 96921

*Telephone:* 734-2911

*Email:* gwhs@gdoe.net • *Website:* [www.gwhsgeckos.com](http://www.gwhsgeckos.com)

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Name:** George Washington High School

**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.

**\*NOTE:**

***Some items may become irrelevant or may be modified, as it relates to the COVID-19 crisis. For more information, or for any questions or concerns, contact the school directly at 734-2911, through email at [gwhs@gdoe.net](mailto:gwhs@gdoe.net) or visit the school website for any updates: [www.gwhsgeckos.com](http://www.gwhsgeckos.com).***



**Guam Department of Education  
Student Registration Packet**

Registration Checklist

<b>Student Name (Last, First, Middle Initial):</b>	
<b>Student #:</b>	<b>Date of Birth:</b>

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.

<b>Administrative Office and/or Curriculum Office</b>	<b>Date Received</b>	<b>School Official Initial</b>
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 from previous school		
7. Proof of Residency (select only one item needed) 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.		
<b>School Health Counselor Office</b>	<b>Date Received</b>	<b>School Official Initial</b>
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		



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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: Male or Female \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
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 (v) 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 (v) 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, "yes" for #3, the school must contact SPCE Social Worker and provide a copy of the registration for assistance with the registration process.*

**If 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**





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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	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



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**Part F: Home Language Survey**

**School: George Washington High 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

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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



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Part H: High School Course Assessment Form

**This assessment form should be used when official transcripts or report cards or progress reports are not available.**

<b>Student Name:</b>	<b>Date of Birth:</b>
<b>School Name:</b>	<b>Date Form Completed:</b>

We, the undersigned, understand that because no official school curriculum records were provided at this time, my child will be registered based on the information below and/or results in a Child Study Team.

Official records often do not arrive in a timely manner; should after the official school curriculum records arrive, it be found that placement was incorrect, my child will be placed in the correct program at the beginning of the semester. In cases when course(s) have been previously completed the following may apply:

1. The average of both grades from the repeated course(s) shall be the final grade.
2. The repeated course(s) shall be converted as elective.

<b>School Year:</b>		<b>School Year:</b>	
<b>Courses</b>	<b>Semester 1<sup>st</sup>/2<sup>nd</sup></b>	<b>Courses</b>	<b>Semester 1<sup>st</sup>/2<sup>nd</sup></b>

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date



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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 and HEALTH FORM  
SY: 20 \_\_\_\_ - 20 \_\_\_\_**



**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_  
*Last Name, First Name Middle Initial*

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male or Female** **Ethnicity:** \_\_\_\_\_ **Grade** \_\_\_\_ **Rm** \_\_\_\_  
*Month/Day/Year (Circle One)*

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

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

<b>Mode of Transportation:</b>	<b>Bus Rider</b>	<b>Car Rider</b>	<b>Walker</b>
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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 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 (circle): 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			
		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 from the oldest to the youngest.**

	Child's Name	Grade	Room
1			
2			
3			



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Part K: SCHOOL COUNSELING AND CONFIDENTIALITY GUIDELINES

**Dear Parent / Guardian:**

Consistent with the American School Counselor Association (ASCA) Standards, it is important to inform parents/guardians, who have the legal and inherent right to guide their child's life, of the services offered by school counselors. Guam Department of Education (GDOE) school counselors offer short-term individual counseling to all students, as well as small group counseling, aimed at the more effective education and socialization of a child within the school community. These services are not intended as a substitute for diagnosis or treatment for any mental health disorder. Parents/Guardians or school staff may refer students for counseling, or students may request counseling for themselves.

This school year, your child will be offered school counseling services at **George Washington High School** as part of the student's in-school program. The types of services include but are not limited to:

- Academic Counseling
- College and Career Counseling
- Personal/Social-Emotional Counseling (supportive and not therapeutic)
- Classroom Guidance Curriculum
- Virtual School Counseling
- Case Management / Coordination
- Meetings with Parents/Family
- Individual and Small Group Planning
- Individual and Small Group Supportive Counseling (not therapeutic) - Skill areas may be addressed in these settings but are **NOT limited** to the following: Friendship and Social Skills; How to Be Successful in School; Dealing with Anger; Dealing with Anxiety; Dealing with Death, Sadness, and Loss; Learning Self Control; Improving Self-Esteem; Leadership Skills; Coping Skills for Social and Emotional; Social and Emotional Education; Other Groups
- \*Screeners (requires an Informed Consent Form)
- School Counselor Assessments (Functional Behavioral Assessment, \*Colombia Risk Assessment, and \*other assessments)

**\* Requires completion of an Informed Consent Form**

If you DO NOT want your child to participate in some or all of the counseling services, please contact your school counselor at **734-2911** (or visit our school website at <https://www.gwhsgeckos.com/counselors.html> for direct numbers to your child's counselor)

***Disclaimer:***

- If parents/legal guardians choose to exclude their child from academic, career, or personal/social-emotional counseling, they shall have the sole responsibility to ensure that all academic and graduation requirements are fulfilled, and that their child's personal/social-emotional well-being and needs are addressed.
- Should there be an emergency, or a school crisis, and your child needs immediate supportive counseling, the refusal of counseling services does not apply. Parental permission is *not* required for counseling and/or crisis intervention needed to maintain order, discipline, and a productive learning environment.



## **CONFIDENTIALITY GUIDELINES FOR ALL STUDENTS**

Your confidentiality as a student is important to us! In our school counseling office, what is said here, stays here, with the following exceptions, as required by law and/or ethical standards:

### **5. Harm to self or others**

This could include things like a suicide attempt or plan, cutting or other self-injury, eating disorders, addictions, fighting, or other physical violence, illegal behaviors, threats, etc. – anything that puts your health or safety, or someone else’s health and safety, at risk.

### **6. Abuse or neglect**

If you talk with one of us about abuse (physical, emotional, verbal, sexual, or other abuse), whether to yourself or to another minor, we are required by law to report it to Child Protective Services, and possibly the police. If you tell us about an abuse case that’s already been addressed by CPS or the police, we may still need to make a call to double check.

### **7. Court or other legal proceedings**

By law, if we are subpoenaed (required by law to attend a hearing or other court proceeding), we cannot guarantee that your information will be kept confidential. We will always do our best to reveal as little as possible in a legal setting, but we must cooperate with the police, CPS, and the courts.

If there is ever a need to reveal information, we will let you know in advance, and work with you to handle the situation in a way that respects you, your feelings, and your needs.

To build trust with the student, the school counselor will keep information confidential, with some exceptions. Because these services are provided to minor children in the school setting, the school counselor may share information with parents/guardians, the child’s teacher, and/or administration or school personnel who work with the child on a need-to-know basis, so that they may better assist the child as a team. The school counselor is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The school counselor will the child aware in an age-appropriate manner of the limits of confidentiality and will inform the child when sharing information with others.



## 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 out 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> (e.g., student bulletin, etc..)	
<b>(Check each box you want)</b>	
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>	
Field	Information
Home phone	
Mother/Guardian Cell Phone	
Father/Guardian Cell Phone	
Mother/Guardian Email	
Father/Guardian Email	

\*\*\*\*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.

\*\*\*\* 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.



**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 students whose age is 21 years 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/Guardian 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>	



**K. ERIK SWANSON, PH.D.**  
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](mailto: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 school day for the full-time of which such schools are in session, except that the starting 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



**Guam Department of Education  
Student Registration Packet**

**Part P: Student Registration by Caretaker Form (Page 1)**

This form is to be used when the student’s parent/guardian is off-island or when parent/guardian are reported as being physically or emotionally incapable. School personnel are to refer to SPAM Chapter 11, *Section: Who Can Register a Student for School*.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Name of Caretaker: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Other contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Are either of the child’s parents/guardian(s) on island? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered yes, please stop here. Obtain a Notarized Power of Attorney or Court Ordered Legal Guardianship from the parent, regarding the care of the child. . Regardless of whether the Caretaker can provide a power-of-attorney within a 30-day timeframe, the school administrator shall not exclude the student from attending school. School personnel should continue to follow up with the caretaker on the status of the completed form. File this form in the student’s cumulative record. Attach whatever other notes are deemed appropriate to keep track of the situation and use the appropriate Alert icon in PowerSchool.*

**If you answered no, please answer the remainder of the questions.**

2. Do the child’s parents/guardian(s) expect you take care of him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered no, please explain why you are registering this child.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you able to contact the parents/guardians of the child? Yes \_\_\_\_\_ No \_\_\_\_\_

4. If you answered yes to question 3, you must attempt to provide this school with the documents described on the back of this form. Are you able to submit required documents within 30 business days? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered no to question 4, please explain why.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part P: Student Registration by Caretaker Form (Page 2)

**Below are documents which are required of Caretaker of the children they register. The following requirements are due to the school within 30 days of the date of registration.**

1. A Notarized Power-Of-Attorney or equivalent document which has been signed by a parent or guardian of the child which authorizes you to make educational and medical decisions regarding the child.
2. Either a birth certificate or legal documents which establish guardianship over the child. The name of the person who signs a notarized power-of-attorney or equivalent form must be the same person listed on the birth certificate or legal document which establishes guardianship over the child for the Notarized Power-Of-Attorney or its equivalent to be considered valid.

You are required to contact the child’s parents/guardians to ask them to send both of these documents to you so that you can provide them to the school within 30 days of the date of registration.

**Important Information For Adults Who Are Caretakers of the Children They Register:**

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 listed on the front of this form and that you are not the child’s guardian. This will be done in order to help the child. Please consider the following.

Because you do not have the documents described above, 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.

**19 GCA §13201 requires educators to inform CPS whenever this type of situation occurs.**

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.

\_\_\_\_\_  
**Signature of Assisting School Personnel**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Caretaker**

\_\_\_\_\_  
**Date**