

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

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 or visit the school website for any updates: www.gwhsgeckos.com.



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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 from previous school		
7. Proof of Residency (select only one item needed) a. ___ Mayor's Verification – names of parents/legal guardians and children; or b. ___ Copy of Mortgage Settlement/Deed to Property/Lease Agreement, Base Commander's Certification clearly showing complete home address; or c. ___ Utility Bill (Power, Water, Telephone); or d. ___ Living arrangements if staying with a family/friend – homeowner to provide a notarized letter; or e. ___ 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 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
- 4.



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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
Total Core Requirements	20	17
Career Preparatory Courses	0	4 – 6
Selected Site-based Courses	4	1 – 3
TOTAL CREDITS	24	24

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)

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.)

() 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).

() 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.

() R2: Entry/Re-Entry from another GDOE school

Completed registration process for a student from another GDOE school.

() 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.

() 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.

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 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	Retired 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 20 English 32 Ilocano 35 Tagalog 37 Visayan	39 Other Filipino Lang. 41 Mandarin 42 Cantonese 45 Other Chinese Lang. 50 Korean	60 Vietnamese 70 Carolinian 71 Chuukese 73 Kosraean 74 Marshallese	75 Palauan 76 Pohnpeian 77 Yapese 80 Japanese 99 Other Language:
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2. What language does your son or daughter most frequently speak at home?

10 Chamorro 20 English 32 Ilocano 35 Tagalog 37 Visayan	39 Other Filipino Lang. 41 Mandarin 42 Cantonese 45 Other Chinese Lang. 50 Korean	60 Vietnamese 70 Carolinian 71 Chuukese 73 Kosraean 74 Marshallese	75 Palauan 76 Pohnpeian 77 Yapese 80 Japanese 99 Other Language:
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3. What language does your son or daughter most frequently speak with friends?

10 Chamorro 20 English 32 Ilocano 35 Tagalog 37 Visayan	39 Other Filipino Lang. 41 Mandarin 42 Cantonese 45 Other Chinese Lang. 50 Korean	60 Vietnamese 70 Carolinian 71 Chuukese 73 Kosraean 74 Marshallese	75 Palauan 76 Pohnpeian 77 Yapese 80 Japanese 99 Other Language:
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4. What language do you use most frequently to speak to your son or daughter?

10 Chamorro 20 English 32 Ilocano 35 Tagalog 37 Visayan	39 Other Filipino Lang. 41 Mandarin 42 Cantonese 45 Other Chinese Lang. 50 Korean	60 Vietnamese 70 Carolinian 71 Chuukese 73 Kosraean 74 Marshallese	75 Palauan 76 Pohnpeian 77 Yapese 80 Japanese 99 Other Language:
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5. Name the language(s) most often spoken by adults at home.

10 Chamorro 20 English 32 Ilocano 35 Tagalog 37 Visayan	39 Other Filipino Lang. 41 Mandarin 42 Cantonese 45 Other Chinese Lang. 50 Korean	60 Vietnamese 70 Carolinian 71 Chuukese 73 Kosraean 74 Marshallese	75 Palauan 76 Pohnpeian 77 Yapese 80 Japanese 99 Other Language:
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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



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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.

Student Name:	Date of Birth:
School Name:	Date Form Completed:

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.

School Year: _____		School Year: _____	
Courses	Semester 1 st /2 nd	Courses	Semester 1 st /2 nd

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



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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: _____

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 Sign)

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.



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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 out 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)		****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.
Text Messaging:	<input type="checkbox"/>	
Phone Call (Cellular):	<input type="checkbox"/>	
Phone Call (Home):	<input type="checkbox"/>	
Email:	<input type="checkbox"/>	
Contact Field		**** 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.
Field	Information	
Home phone		
Mother/Guardian Cell Phone		
Father/Guardian Cell Phone		
Mother/Guardian Email		
Father/Guardian Email		



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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



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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>	



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@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



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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



**DEPARTMENT OF EDUCATION
EMERGENCY INFORMATION & HEALTH
FORM SY 20____ - 20____**



Student: _____ **School:** _____
Last First Middle Initial

Date of Birth: ____/____/____ ☐ Male ☐ Female **Ethnicity:** _____ **Grade:** ____ **Rm:** ____
Month Day Year

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 Phone:	Home Phone:	Work Phone:
Cell Phone:		Cell Phone:	
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 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"/>	<u>Wearing of Mask:</u> Is student able to wear a mask/face covering during the school day? If NO ; kindly ensure that your Health Care Provider complete a mask exemption note and provide guidance on proposed accommodations to be safely implemented at school.
<input type="checkbox"/>	<input type="checkbox"/>	<u>COVID-19</u> Did student ever test positive for COVID-19 ? If YES , when (mm/dd/year): _____
<input type="checkbox"/>	<input type="checkbox"/>	<u>Vaccination</u> Did student receive COVID-19 Vaccination ? If YES , date of 1st dose (mm/dd/year): _____ Date of 2nd dose (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 <input type="checkbox"/> Eczema <input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures Date of last seizure: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Problem Hearing Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Vision Problem <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses
<input type="checkbox"/>	<input type="checkbox"/>	Asthma <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer Date of last asthma attack: _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergy to: <input type="checkbox"/> Food <input type="checkbox"/> Drugs <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergy to: <input type="checkbox"/> Bee Sting <input type="checkbox"/> Insect <input type="checkbox"/> Type of reaction: _____
<input type="checkbox"/>	<input type="checkbox"/>	Epipen: <input type="checkbox"/> Yes <input type="checkbox"/> 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
PHYSICAL EXAM FORM
SECONDARY



School: _____

Student:		DOB:	
Male	Female	Grade:	HR:
Home Address:			
Father/Guardian:		Mother/Guardian:	
Place of work:		Place of work:	
Phone: Home:	Work:	Phone: Home:	Work:
Cell:		Cell:	
Email:		Email:	

PART I:
IMMUNIZATION AND TB STATUS:

A copy of the **Official Immunization Record** must be attached. Record must indicate the specific immunizations and the result of a **TB Skin Test** with date when received. Refer to **Board Policy 337** for specific health requirements and **SOP 1200-020**.

TO BE COMPLETED BY PARENTS (before appointment):

Health History: Please indicate age and/or year on past and current medical conditions:

1.	Anemia		9.	Heart Disease	
2.	Asthma		10.	Hernia	
3.	Chickenpox		11.	Mumps	
4.	Convulsions/Seizure		12.	Rheumatic Fever	
5.	Diabetes		13.	Skin Disorder	
6.	Measles		14.	Tuberculosis	
7.	Hay Fever		15.	Vision	
8.	Hearing		16.	Other	

Please complete and provide additional information at the back:

17.	Head Injuries	Yes	No	Year:	Results:
18.	Fractures, broken bone(s)	Yes	No	Year:	Results:
19.	Previous hospitalization	Yes	No	Year:	Results:
20.	Allergies (please list) :		Any specific reaction(s):		
21.	Currently taking medication:		Yes	No	
	Name of medication(s):				
	Reason/Diagnosis:				
22.	Disability:	Yes	No		
23.	Prosthesis:	Yes	No		
24.	Any medical reason why this child should NOT participate in Physical Education or related activities? Yes No				
25.	Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle etc.) died suddenly before age 50? Yes No				
26.	Has the athlete ever stopped exercising because of dizziness or passing out during exercise? Yes No				
27.	Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise? Yes No				
28.	Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? Yes No				
29.	Does the athlete have a history of concussion (getting knocked out)? Yes No				
30.	Has the athlete ever suffered a heat-related illness (heat stroke)? Yes No				
31.	Does the athlete have a chronic illness or see a doctor regularly for any health concerns? Yes No				

32.	Does the athlete have only one of any paired organs (eyes, ears, kidneys, testicles, ovaries)? Yes No
33.	Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition? Yes No
34.	Has the athlete had surgery or been hospitalized in the past year? Yes No
35.	Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? Yes No
36.	Are you, the athlete, worried about any problem or condition at this time? Yes No
Please give details on any “Yes” answer(s) from the above health history.	

NOTE: Please notify the School Health Counselor or School Administrator if there are any changes in the health status of the student.

Students must submit valid documentation showing completion of a **Physical Examination, Immunization**, results of **TB Skin Test and/or TB Clearance issued by DPHSS** and an **Emergency Information and Health Form**.

Students who plan to participate in Interscholastic Activities/Athletics must submit a **completed Interscholastic Sport Association (ISA) Form**.

Parent/Guardian (print)	Signature	Date
-------------------------	-----------	------

PART II:
PHYSICAL EXAMINATION – COMPLETED BY HEALTH CARE
PRACTITIONER:

T-P-R-BP: _____/_____/_____/_____

Height: _____ **Vision:** Right 20/ _____ Corrected: Yes No **Hearing:** Right _____

Weight: _____ **BMI:** _____ Left 20/_____ **Contacts:** Yes No Left _____

Complete Each Item Below	Normal		Describe Findings if Abnormal or Reason for not Examining
	Yes	No	
General appearance			
Skin			
Hair			
Nails			
Eyes: External (Pupil/Cornea)			
Optic Fundus			
Auditory Acuity			
Muscle Balance			
Ears: External			
Auditory Acuity			
Tympanic Membrane			
Nose			
Mouth			
Pharynx			
Larynx			
Speech			
Teeth/Gums			
Neck/Lymph/larynx			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Genital-Urinary			
Muscular Skeletal			
Scoliosis Screening			
Neurological Impressions			
Nutritional Status			
Behavior during Examination			
<i>Other</i>			

PART III
LABORATORY TEST:

Hemoglobin:	Date:	Hematocrit:	Date:
<i>Other Test</i>	<i>Date</i>	<i>Results</i>	
<i>Other Test</i>	<i>Date</i>	<i>Results</i>	

Summary of Findings, Treatments and Recommendations:

Diagnosis/Findings	Advice and Treatment Given	Recommendations and Follow-Up Plan

PART IV CLEARANCE FOR ATHLETICS

For School Year: 20____ to 20____

I certify that the above student has been medically evaluated and is deemed medically eligible to: (check only one (1) box)

1. Participate in all school interscholastic activities without restrictions.
2. Participate in any activity not crossed out below.

SPORT CLASSIFICATION BASED ON CONTACT		
COLLISION CONTACT SPORTS	LIMITED CONTACT SPORTS	NON-CONTACT SPORTS
Basketball Cheerleading Diving Football Gymnastics Rugby Soccer Wrestling	Baseball Field Events: <ul style="list-style-type: none"> ➤ High Jump ➤ Pole Vault Softball Volleyball	Badminton Bowling Cross Country Running Dance Team Field Events: <ul style="list-style-type: none"> ➤ Discus ➤ Shot Put Golf Racquetball Swimming Tennis Track & Field

3. Requires additional medical evaluation before a final recommendation can be made.

4. Not medically eligible for: All Sports

Specific Sport

Specify: _____

I have examined the student named on this form. The athlete does not have any apparent clinical contraindications to practice and participate in the sport(s) as outlined on this form. If conditions arise after the athlete has been cleared for participation, the Physician or Health Care Provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and Parent/Guardian

Health Care Practitioner (print)	Signature	Date
---	------------------	-------------

Health Care Practitioner (print)	Signature	Date
---	------------------	-------------

Health Care Practitioner (print)	Signature	Date
---	------------------	-------------

[illegible][illegible]

LIBRARY CARD APPLICATION FORM

A library card application form must be completed and signed by both the student and the parent / guardian prior to checking out books and other resources available at the George Washington High School Library. In addition, students must have a signed Technology and Acceptable Use Form completed and on file in order to use the technology (e.g., computers and laptops) and GDOE network (i.e., internet) available in the school library (Please see the librarian for these additional forms).

NAME: _____ GENDER: M F
LAST FIRST MIDDLE INITIAL

CONTACT #(s) _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS: _____ EXPECTED GRADUATION DATE: _____

ENGLISH TEACHER NAME: _____ PERIOD: _____

STUDENT INITIAL	PARENT INITIAL	LIBRARY USER AGREEMENT
		1. The student will be responsible for the resource(s) checked out.
		2. A maximum of 2 books may be checked out from the library. Books may be checked out for a period of 10 days.
		3. A maximum of 1 In-house resource (e.g., games, die cut machines, laptop or desktop computer, etc.) may be used while in the library. Students must have a Technology and an AUP form on file to use the available technology and the GDOE network.
		4. A late charge of \$0.25 will be fined for each day that the book is overdue. A maximum of \$2.50 will be charged for each overdue book. Books not returned after 3 weeks will be considered lost and the student will be responsible for paying the full cost of the book, plus the \$2.50 overdue fee. A receipt will be provided for collected fines.
		5. Students with outstanding balances will not be allowed to check out library materials until all fees are paid. Unpaid fees and/or obligations at the end of the school year will result in the student's name being submitted to the Business Office for proper action to be imposed.
		6. Should library cards get lost or damaged, a replacement fee of \$3.00 will need to be paid before a new card will be issued.

I / We have read the library user agreement and agree to the above library expectations. I understand that fines and appropriate consequences will be imposed for NOT borrowing responsibly.

STUDENT SIGNATURE AND DATE _____

PARENT SIGNATURE AND DATE

LIBRARY USE ONLY: Library Card # Assigned RCVD by and Date

Note: In our efforts to conserve paper / printing resources, we ask that you review BP379 and it's entirety on the GDOE website (www.gdoe.net → Guam Education Board → Board Policies). If you would like to receive a copy, please have your child request one from the school librarian.

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, or 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 appropriate legal action.

Print Student's Name

Student's Signature

EDUCATION TECHNOLOGY USE POLICY PARENT/GUARDIAN AGREEMENT

(Note: Student youths as defined under the federal guidelines—are student youths twenty-one years of age and under.)

As parent or guardian of [please print name of student]_____, I have read the Guam Board of Education Policy 379 Education Technology Use Policy. I understand that this access is designed for educational purposes. [Name of School] has taken 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 GEORGE WASHINGTON HIGH 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.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Form: AUP-GEBP379students

Student Agreement for the Acceptable Use of the Guam Department of Education's Wireless Network for Student Owned Devices at Guam Department of Education (GDOE) Schools

This agreement may only be executed by students who have previously returned a "Education Technology Use Policy User Agreement" form signed by their parent allowing them to use the Internet at school. This agreement provides additional authorization to access the GDOE wireless network using personal devices. It does not supersede any information in the "Student Handbook".

DOE teachers and administration believe that providing network access for students' personal electronic devices will enhance the educational experience for GDOE's students by expanding students' access to the resources provided by the Internet. For this reason, GDOE has set up a student wireless network.

- A. **Acceptable Devices.** Students may access the GDOE student wireless network with any device with 802.11 connectivity. Students may only access the network with devices that are their own personal property.
- B. **Content.** Filtered access to the Internet will be provided for student owned devices as well as access to any District provided web-based applications that would normally be accessible to students from home.
- C. **Personal Responsibility.** The District assumes no responsibility for the loss of, theft of or damage to any personal device that a student connects to the student wireless network or any information on that device.
- D. **Security.** Students shall not impair the security of the GDOE network. This expectation includes but is not limited to:
 - a. Students are expected to maintain up to date antivirus and antispyware protection on all devices that are connected to the GDOE student wireless network. Devices without up to date security programs may be denied access to the network.
 - b. Students are expected to safeguard all network passwords. Students should not share network passwords with others and should change passwords frequently. Students are expected to notify a teacher or administrator immediately if they believe their student account has been compromised.
 - c. Students are expected to log onto the GDOE student wireless network only with their account and not to allow others to use their account or to use the accounts of others, with or without the account owner's authorization.
- E. **No Technical Support.** Students are responsible for setting up and maintaining the devices that they connect to the network. The District will not provide technical support for student owned devices.
- F. **Authorized Use.** Students may use the GDOE student wireless network when they are not in class. Students may not use the GDOE student wireless network in class unless authorized by the teacher of that class.
- G. **Inappropriate Use.** The GDOE network is a shared and limited resource and all users have an obligation to use that resource responsibly. Students are provided access to the GDOE student wireless network primarily for educational purposes. Incidental personal use of the network is acceptable, but students should not use the network for personal activities

that consume significant network bandwidth or for activities that violate school policy or local law. These include but are not limited to:

1. Online gaming (e.g., World of Warcraft) unless approved by a teacher.
 2. Downloading software, music, movies or other content in violation of licensing requirements, copyright or other intellectual property rights. Downloading, viewing or sharing inappropriate content, including pornographic, defamatory or otherwise offensive material.
 3. Conducting any activity that is in violation of school policy or local, state or federal law.
 4. Participating in political activities.
 5. Conducting for-profit business.
 6. Using hacking tools on the network or intentionally introducing malicious code into the District's network.
 7. Using any software or proxy service to obscure either the student's Internet Protocol (IP) address or the sites that the student visits.
 8. Disabling, bypassing, or attempting to disable or bypass any system monitoring, filtering or other security measures.
 9. Accessing or attempting to access material or systems on the network that the student is not authorized to access.
- H. **No Expectation of Privacy.** The District can and does monitor Internet access and activity on the District's network, including but not limited to sites visited, content viewed and email sent and received. The District may examine a student's personal device and search its contents if there is a reason to believe that school policies, regulations, or guidelines regarding access to the network or use of the device have been violated.
- I. **Disruptive Activity.** Students should not intentionally interfere with the performance of the GDOE student wireless network and the District's overall network.
- J. **Unauthorized Networks.** Students may not create unauthorized wireless networks to access GDOE's student wireless network. This includes establishing wireless access points, wireless routers and open networks on personal devices.
- K. **No Use of Wired Networks.** Students may use only the GDOE student wireless network for personal devices. They may attach personal devices to the GDOE wired network with prior approval of the Data Processing Manager.
- L. **Consequences of Inappropriate Use.** Students who misuse GDOE's student wireless network will be subject to discipline which may include loss of access to student wireless network or all Internet access and/or other appropriate disciplinary or legal action in accordance with the Student Code of Conduct and applicable laws.

Student Name (Please Print)

Date

Student Signature

Parent Name (Please Print)

Date

Parent Signature

Form: AUP-GE BP379Wstudents

PHOTO RELEASE WAIVER

I understand that photos submitted to George Washington High School may include images of my child and may be used on promotional or educational material such as brochures, posters, banners and presentations; may be featured in media campaigns to include television ads; and may be placed on the DOE and or GWHS websites. I grant full permission and authority to GWHS to use, publish, and display my child's image.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Photo Release Waiver, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; AND I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND AS SAME.

Print Name – Student

Signature (If over the age of 18)

Print Name – Parent/Guardian

Signature

Date



Jon J.P. Fernandez
Superintendent of Education

GEORGE WASHINGTON HIGH SCHOOL

"Home of the Mighty Gecko Warriors"

298 Washington Drive Mangilao Guam, 96913
PO Box 24147 GMF Barrigada, Guam 96921
Telephone: (671) 734-2911 | Website: gwhsgeckos.com

Accredited by the Western Association of Schools and Colleges, 2018-2024



Dexter Fullo
Principal

SCHOOL YEAR 2020-2021

MODEL OF LEARNING REGISTRATION

Buenas! GDOE hopes that all is well with you and your family and that you are all staying safe and healthy. This is a Models of Learning Registration for the parents/guardians of students who will be attending GDOE public schools for School Year 2020-2021. Your responses will provide GDOE with critical information allowing us to meet compliance with COVID-19 regulations and to provide options for instructional delivery. GDOE is working very closely with local public health agencies to ensure your child(ren)'s health and safety during this pandemic.

Instructions: This registration must be completed and submitted to your child's school by **Friday, July 10, 2020**. 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 <input type="checkbox"/> Agency:	
Child's full name:		School	Grade Level:
Physical Address:			
Contact Number(s)			
Home:		Work:	Cell:
Email Address:			

Children attending GDOE schools

(Note: This information is needed to help provide possible supports and accommodations to families with multiple children in the system):

Last Name, First Name	Grade Level	School
1. This first line is for the student covered by this form:		
2.		

Eric Dela Cruz
AP, Curriculum

Christopher Castro
AP, Student Support

Joni Serisola
AP, Student Life

Corazon Elane
AP, Special Programs

Bernidete Perez
AO - Business & Facilities

Our Purpose is to Provide Our Students With the Skills and Knowledge they Need to Make Wise Decisions and Be Good Productive Citizens.



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3.		
4.		
5.		
6.		
7.		

SCHOOL ATTENDANCE When the school year re-opens:

- ☐ My child(ren) will attend school physically and will participate in the traditional model.
- ☐ My child(ren) will not attend school physically and will participate in one of the distance learning models.

EQUIPMENT Which of the following items does your child(ren) have access to?

(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Desktop computer | <input type="checkbox"/> Printer |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Scanner |
| <input type="checkbox"/> Tablet or iPad | <input type="checkbox"/> Smart TV |
| <input type="checkbox"/> Smartphone (data or Wi-Fi capable) | <input type="checkbox"/> Regular TV |
| <input type="checkbox"/> Landline telephone | <input type="checkbox"/> None of the above |

Internet Access: (Select all that apply)

- ☐ My child(ren) have access to **reliable** internet (Wi-Fi or wired) on a computer, tablet or other device.
- ☐ My child(ren) have access to **reliable** internet on a cell phone (data service).
- ☐ My child(ren) DOES NOT have **reliable** access to the internet.

Eric Dela Cruz
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Dexter Fullo
Principal

Learning Models:

I am registering my child(ren) for the following learning model when school re-opens.
(Please check ONE of the following options.)

<input type="checkbox"/> Home Learning: Online Instruction	<input type="checkbox"/> Home Learning: Hard-Copy Curriculum	<input type="checkbox"/> Traditional (Face-to-Face):
My child can and will access curriculum and submit their work via the internet (email and/or online class).	My child can and will access curriculum by picking up learning packets and returning completed assignments to school regularly (possibly twice or three times a week).	My child will physically attend classes during their assigned days with assignments provided and to be worked on during days while not physically in school.

Transportation:

Do you have reliable transportation to pick up and return education packets daily?

☐ Yes

☐ No

☐ Other persons authorized to pick up packets: List name(s) below.

Questions/Comments:

Parent/Guardian Signature _____ **Date** _____

Eric Dela Cruz
AP, Curriculum

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AP, Student Support

Joni Serisola
AP, Student Life

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