

## **DEPARTMENT OF EDUCATION**OFFICE OF THE SUPERINTENDENT

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

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



## **Providing Access To Homes (PATH) APPLICATION**

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

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

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

|        | ONLY Stude  | ents in your household        |                      |                 |
|--------|---|-------------------------------|----------------------|-----------------|
|        | STUDENT's   | STUDENT ID #                  | SCHOOL               | GRADE           |
|        | Last Name First Name  | STODENTID II                  | SCHOOL               | LEVEL           |
|        |   |                               |                      |                 |
|        |   |                               |                      |                 |
|        |   |                               |                      |                 |
|        |   |                               |                      |                 |
|        |   |                               |                      |                 |
|        |   |                               |                      |                 |
|        |   |                               |                      |                 |
|        | DATH  | ACDEEMENT                     |                      |                 |
| D-1 00 |   | AGREEMENT L/We a green 4 and  |                      |                 |
| ву со  | ompleting and signing this application and a  | agreement, 1/ we agree to:    |                      |                 |
| I.     | Usage   |                               |                      |                 |
|        | a. Students must have qualified electronic  | onic devices to allow for edu | acational access, su | uch as a        |
|        | GDOE or personal laptop or tablet.  |                               | ,                    |                 |
|        | b. Students must have access to charge  |                               |                      |                 |
|        | c. Regular attendance and participatio  |                               |                      |                 |
|        | d. Access is only for Educational Purp  |                               |                      |                 |
|        | studying or conducting research rela  |                               |                      |                 |
|        | educational platforms/websites. <u>It is</u> e. Illegal or inappropriate purposes are |                               |                      |                 |
|        | termination of services will occur, a   |                               |                      |                 |
|        | f. Each device is for the use of the stu  |                               |                      |                 |
|        |   | ,                             | J                    | $\mathcal{E}$   |
| II.    | MIFI Device and accessories included  |                               |                      |                 |
|        | a. Upkeep and maintain the equipmen   | t/device as instructed by the | service provider.    |                 |
| III.   | Modification/Suspension/ Termination of   | f Services                    |                      |                 |
|        | a. Termination of Services upon gradu   |                               | the school so that   | services (if    |
|        | needed) will be discontinued  |                               |                      | `               |
|        | b. Transfer schools – Parents must inf  | form the school so that a cha | nge in region, if ne | ecessary, shall |
|        | be conducted.   |                               |                      |                 |
|        | c. Termination/Account Suspension for   |                               | 1 1                  |                 |
|        | d. Irregular attendance in scheduled or   | nline classes/sessions (unexc | cused absences)      |                 |

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

| Parent/Guardian NAME: | Signature: | Date: |
|-----------------------|------------|-------|

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