



DEPARTMENT OF EDUCATION PUBLIC INFORMATION OFFICE



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Superintendent of Education

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February 5, 2024
FOR IMMEDIATE RELEASE

UNIVERSAL PRE-KINDERGARTEN PROGRAM ACCEPTING APPLICATION FOR SY2024-2025

Tiyan, Guam – The Guam Department of Education (GDOE) Universal Pre-Kindergarten program for School Year 2024-2025 is now open for applications. The GDOE invites parents and guardians of eligible children to apply for this free program that prepares them for kindergarten. The program is offered at four schools across the island, representing the north, central, south and east regions. The schools are:

No.	District	School	Administrator	Phone Number
1	Lagu	Finegayan Elementary School	Marites Garcia	(671) 632-9364
2	Kattan	J.Q. San Miquel Elementary School	Elias Taisapic	(671) 477-9368
3	Luchan	Lyndon B. Johnson Elementary School	Geraldine Quejado	(671) 646-8058
4	Haya	Marcial Sablan Elementary School	Geraldine Pablo	(671) 565-2238

Open enrollment for GDOE’s Universal Pre-Kindergarten program will begin on February 5th, 2024.

Families from the above school districts may submit applications to their respective district school or any site listed below. Children must be four years of age by July 31st, 2024 (born between August 1st, 2019 – July 31st, 2020) to participate in the program for School Year 2024-2025. Proof of residency must be submitted with the application, as well as a birth certificate or passport for proof of age. Incomplete applications will not be accepted.

Deadline to submit applications is Friday, April 5th, 2024.

To determine a child’s participation in the program, a lottery may be held. If so, logistics of the lottery will be provided by the participating school. Please note that students from the attendance area will be priority, however, out of district applications will be entertained if there are available openings after the end of open enrollment.

Applications will be available via hard copy at any elementary school site, your mayor’s office, and at GDOE Central Office, Division of Curriculum & Instruction, 3rd floor, Room 308 in Tiyan, Barrigada. The application will also be available electronically on the GDOE website (www.gdoe.net). Applications can be submitted via hard copy at any participating school site or at GDOE Central Office, Division of Curriculum & Instruction, 3rd floor, Room 308 in Tiyan, Barrigada. All documents are required upon submission.

For more information, please contact the participating school at the contact information above or the Division of Curriculum & Instruction at 300-3687 or email at mtreyes@gdoe.net.

- END OF STATEMENT -



DEPARTMENT OF EDUCATION

DIVISION OF CURRICULUM & INSTRUCTION

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UNIVERSAL PRE-KINDERGARTEN APPLICATION SCHOOL YEAR 2024-2025

CHILD'S INFORMATION			
Last Name:	First Name:	Middle Initial:	
Date of Birth:	Sex:	Social Security No.:	
Current Home Address:			
City:	State:	ZIP Code:	
Mailing Address (if different from home address):			
City:	State:	ZIP Code:	
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> FSM <input type="checkbox"/> Belau <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident			
Ethnicity (Check all that apply): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other – Specify:			
Child's Primary Language:		Family's Primary Language:	
FAMILY INFORMATION			
Mother / Guardian (Circle One) Last, First, Middle:		Father / Guardian (Circle One) Last, First, Middle:	
Home Address:		Home Address:	
Mailing Address (if different from home address):		Mailing Address (if different from home address):	
Home Phone #:	Cell Phone #:	Home Phone #:	Cell Phone #:
Work Phone #:	Email Address:	Work Phone #:	Email Address:
Date of Birth:	Ethnicity:	Date of Birth:	Ethnicity:
Occupation:	Full / Part Time:	Occupation:	Full/Part Time:
Emergency Contact Person:	Relation:	Primary Phone #:	Alternate Phone #:
Mailing Address:		Home Address:	
1. Has your child received or are they currently receiving early intervention or Special Education services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what services:	2. Does your family receive or participate in public assistance program(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what services:		
PLEASE READ AND SIGN			
I certify that the above information is true and correct. I understand that this information will be used to determine the eligibility of my child for the Prekindergarten Program. I understand that the deliberate misrepresentation of the information may result in the dismissal of my child's participating in the Prekindergarten Program. This program does not discriminate based on disability in accordance with the Americans with Disabilities Act.			
Print Name:			Date:
Signature:			Time:
Reviewed by:		Submitted Date:	