



WETTENGEL ELEMENTARY SCHOOL
479 West Santa Monica Avenue
Dededo, Guam 96929
Phone# (671) 632-7770



Guam Department of Education Student Registration Packet



Student Name: _____

School Name: **Wettengel Elementary 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.



PARENT/GUARDIAN FORMS BEGIN HERE

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



Part B: Student Information

Student Demographics

Student Name: _____
Last Name, First Name, Middle Initial

Circle One: Grade Level: Date of Birth: _____ Place of Birth: _____
Male or Female _____ Month/Day/Year U.S. Territory/State/Other Country

Home Address: _____
House # Street Name Village Zip Code

Mailing Address: _____
P.O. Box Village Zip Code

Student resides with: (Check all that applies)

- P Parents M Mother Only F Father Only
 GP Grandparents GM Grandmother GF Grandfather G Guardian

School History: (Select one of the following)

1. For student entering kindergarten: If student attended one of the following early childhood program, please select program:
 Guam Head Start Program GDOE Pre-Gate Program GDOE Preschool-K Program
2. For all other students, please indicate name and address of last school attended:

Name of School Address of School

Student Placement: Please check (✓) the service/s your child is receiving or has received –

- Special Education Services Section 504 Accommodations
 English as a Second Language Individualized Health Plan
 Other: _____ None

For School Registrar to complete and select (✓) the Type of Enrollment Code that applies.

()E1: Original Entry/First-Time Entry

Completed registration for a first-time student enrollment to GDOE.
(Used primarily by elementary schools.)

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

Completed registration process for a student from another GDOE school.

R3: Entry/Re-Entry from Guam non-public school Completed registration process for a student from a Guam non-public school (private/non-profit, charter, DODEA).

R4: Entry/Re-Entry from an off-island school Completed registration process for a student from an off-island school.

()R5: Re-Entry from Another Guam School After Withdrawal or Expulsion

Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from another GDOE school.

R5: Re-Entry from Another Guam School After Withdrawal or Expulsion

Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from another GDOE school.

R6: Re-Entry To Same School After Withdrawal or Expulsion

Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from the same GDOE school.

R8: Re-Entry From Alternative Program School

Completed registration process of a student who have been attending another learning institution (Alternative School, Department of Youth Affairs/Sagan Manhomlo (Drug and Alcohol Program) / Rays of Hope).

R10: Re-Entry From Home School

Completed registration process of a student who has been attending home school.



Part C: Parent or Guardian and/or Caretaker Information

Father or Guardian and/or Caretaker Information:

Name: _____
Last Name, First Name, Middle Initial

_____ Home Phone Number _____ Mobile Phone Number _____ Email Address

Place of Employment: _____ Work Phone Number _____

Home Address: _____
House # Street Name Village Zip Code

Mailing Address: _____
P.O. Box Village Zip Code

Mother or Guardian and/or Caretaker Information:

Name: _____
Last Name, First Name, Middle Initial

_____ Home Phone Number _____ Mobile Phone Number _____ Email Address

Place of Employment: _____ Work Phone Number _____

Home Address: _____
House # Street Name Village Zip Code

Mailing Address: _____
P.O. Box Village Zip Code

Language Information

- | | |
|--|-----------|
| 1. Do you speak English? | YES OR NO |
| 2. Are you able to read in your native language? | YES OR NO |
| 3. Do you need an interpreter to complete the registration packet? | YES OR NO |

School Note:

If parent/guardian/caretaker, answers "no" for either #1 or #2 or "yes" for #3, the school must contact SPCE Social Worker and provide a copy of the registration for assistance with the registration process.

By affixing my signature below, I affirm the information provided is true and correct to the best of my knowledge. If any of the information is found to be false, fraudulent, or inaccurate, the parent will be promptly notified, and the student shall be unenrolled and sent to his / her respective school attendance.

Print Parent/Guardian/Caretaker Name Signature Date

Note: A registration by a caretaker is only good for up to 30 days.

Wettengel Elementary School
District Area

WEST: 39

D.C BENAVENTE STREET
L.S.N TENORIO LANE
MELISSA LANE
CAROL LANE
DONA LANE
CALLE JL BLAS
*YSENG-SONG (ODD HOUSE NUMBERS)
CLARA STREET
ELIZA LANE
AURORA STREET WE13
ANGELA COURT
LADA STREET
PALM COURT
WEST SANTA MONICA WE24/WE66
SUMMER TOWN ESTATE

LADA GARDEN/LOW COST: WE48

TERESITA LANE
HELENA LANE
SIRENA LANE

EAST: WE36

W.STA. BARBARA WE69
SALISBURY STREET
MISERICODIA LANE
GARCIA LANE
CONCHITA LANE
REDONDO LUNCHAN WE75
*GLORIA CIRCLE WE42
*IGLESIA CIRCLE WE45
W. BUENA VISTA WE78

WE49WEST SAN ANTONIO**

ALICIA COURT
ALMA COURT
ROSITA LANE WE57
MARRIETA WAY WE57
CARMENCITA LANE WE60
ADELA LANE WE51
LOREETA STREET
CONSOLACION STREET
CATALINA STREET
DOLORES STREET

UNIT 14 LIGUAN TERRACE: WE21

NORTH CHALAN HENRY KAISER
ATES COURT
CALAMENDO COURT
PIOT LANE

GHURA 48: WE33

ROAD A - KAYEN JOHN SN TAITANO
ROAD B - KAYEN MAUEL I. ULLOA
ROAD C - KAYEN TUN BEN BOBO

GHURA 35: WE35

KAYEN R.S. SAN AGUSTIN
KAYEN J.P. MALI

UKUDO: WE27

NORTH UKUDO STREET
BINADU STREET
ADORA LANE
LOBO STREET
INDA STREET
CHEDO STREET

SWAMP ROAD: MU 13

FLORES ROSA
NORTH/SOUTH GLADIOLA
ARORA STREET
HAHASU DRIVE
A-SEIE DRIVE

****NOTE: YSENG-SONG (ONLY KAISER AREA)**

**PLEASE REFER TO MAP-STREET MUST BE
LOCATED SAME SIDE AS THE CATHOLIC
CHURCH ALL AREAS OPPOSITE THE CHURCH
IS MARA ULLOA'S DISTRICT****



Part E: Ethnicity and Race Identification

Section 1: The following two (2) tables pertains to the student for statistical purposes.					
Citizenship: (Circle one)					
1	US Citizen	5	FSM Citizen		
2	CNMI Citizen	6	Marshallese Citizen		
3	Permanent Resident Alien (Green Card)	7	Belauan Citizen		
4	I-20/Foreign Student/F-Visa	8	H-4 Visa		
Ethnic Background: (Circle one)					
A	Chamorro	G	Korean	P	Vietnamese
AR	Rota	H	Hawaiian	Q	Hispanic
AS	Saipan	I	Samoa	R	American Indian/ Alaskan Native
AT	Tinian	J	Kosraean	S	Indonesian
B	Filipino	K	Pohnpeian	T	Other Pacific Islander
C	White (Non-Hispanic)	L	Chuukese	U	Mixed
D	African American	M	Yapese		Other
E	Japanese	N	Marshallese		
F	Chinese	O	Belauan		
Race: (Circle one)					
AM	American Indian or Alaskan Native (R)	AS	Asian (B) (E) (F) (G) (P) (S)		
BL	Black or African American (D)	HI	Hispanic or Latino (Q)		
HP	Native Hawaiian or Other Pacific Islander (A) (AR) (AS) (AT) (H) (I) (J) (K) (L) (M) (N) (O) (T)	MR	Other Ethnic/Mixed Categories (U)		
WH	White (Non-Hispanic) (C)				
Section 2: The following information below pertains to the parent/guardian with whom the student is living with upon registration.					
Federal Status: (Circle one)					
A	Navy (Military)	H	Coast Guard (Civilian)	M	All Others
B	Navy (Civilian)	I	Marine Corps (Military)	N	Reserves (Inactive/PT)
C	Air Force (Military)	J	Marine Corps (Civilian)	O	National Guard (Inactive/Part-Time)
E	Army (Military)	K	Other Federal Agencies	P	Retried Military
F	Army (Civilian)	L	Student I-20	Q	Active Reserves/National Guard
G	Coast Guard (Military)				
Living Status: (Circle one)					
1	Live and Work on Federal Property	3	Live on Federal Property Low Cost Housing		
2	Work on Federal Property	4	None-Federally Connected		



Guam Department of Education

HOME LANGUAGE SURVEY

(Part F: Student Registration)

Student's Name			Date of Birth	Grade
Last	First	MI		

Federal Law and Guam Education Policy Board/Guam Department of Education policy requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Thank you for your help.

Please circle one for each question.

1. Which language did your son or daughter speak when he or she first began to talk?

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

2. What language does your son or daughter most frequently speak at home?

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

3. What language does your son or daughter most frequently speak with friends?

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

4. What language do you use most frequently to speak to your son or daughter?

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

5. Name the language(s) most often spoken by adults at home.

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

Signature of Parent or Guardian

Date

Should a school determine a student language is other than English, the school registrar must refer the student and parent/guardian to the ESL Coordinator and Guam ESL Procedural Manual. This form must be attached to the PEP form in the cumulative folder. This form was taken from the revised version on 12/18 – Curriculum & Instruction.



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Part G: Student Home Map & Other Information

For School Use Only:

Attendance Area Code: _____

Is student a car rider? (circle one) YES NO

Is student a walker? (circle one) YES NO

Is student a bus rider? (circle one) YES NO



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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



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 Signature) _____ Date _____

School Principal (Print Name and Sign) _____ Date _____

Disclaimer: Parents/legal guardians, in the event you decline your child to participate in and to receive school counseling services at his or her school, please provide a written statement that you do not want your child to receive school counseling services and the reason for not wanting your child to participate in school counseling services addressed to your child's school administrator with parent signature and date.



Part L: SWIFTK12 Parent Contact Preference Form

Dear Parents/Guardians,

The information below is necessary for your child's school to successfully send electronic notifications regarding emergencies, attendance, or general announcements. **Please note that for emergencies and attendance**, parent's will be contacted using all three methods; text messaging, phone call, and email (if applicable). However, for General Announcements, you are able to indicate a preference. The call out boxes to the right of each section are intended to provide a brief explanation.

If the contact information on this form is different from what was provided on the current school year Student Emergency Information Form, please submit an updated one. This form is only for SWIFTK12 purposes. Please have your child return the document to his/her school. If you have any questions or need assistance, please contact your school directly. Thank you for your assistance.

Student First Name _____ Middle Initial _____ Last Name _____

Send notices to both parents/guardians: YES NO (only fill name of parent/guardian to receive).

Mother/Guardian First Name: _____ Middle Initial _____ Last Name _____

Father/Guardian First Name: _____ Middle Initial _____ Last Name: _____

General Announcement Message Category (e.g., student bulletin, etc..) (Check each box you want)	
Text Messaging:	<input type="checkbox"/>
Phone Call (Cellular):	<input type="checkbox"/>
Phone Call (Home):	<input type="checkbox"/>
Email:	<input type="checkbox"/>
Contact Field	
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.



Part M: Education Technology Use Policy – User & Parent/Guardian Agreement

A printed copy of the policy will be readily available upon registration for student, and parent/guardian to read and review prior acknowledging and signing this form. Student and parent/guardian may request with the school registrar for a copy of the policy at any time of the school year.

Education Technology Use Policy User Agreement

I have read, understand, and will follow Guam Education Board Policy 379 Education Technology Use Policy when using computers and other electronic resources owned, leased, operated by the Guam Department of Education and/or personal devices accessing the GDOE network. I further understand that any violation of the policy that is illegal, prohibited, immoral, and/or unethical may result in disciplinary actions up to and including suspension or expulsion, access privileges revoked, and/or legal action.

_____ Student Name (Print) _____ Student Signature _____ Date

Education Technology Use Policy Parent/Guardian Agreement

(Note: Student youths as defined under federal guidelines – are student youths 21 years of age or under.)

As a parent or guardian of [print the name of student] _____
Name of Student (Print)

I have read the Guam Board of Education Policy 379 Education Technology Use Policy. I understand that this access is designed for educational purposes. _____ has taken
Name of School

Reasonable steps to control access to the internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold the _____
Name of School

Responsible for materials acquired on the network. I, hereby, give permission for my child to use network resources, including the internet that are available through Guam Department of Education.

_____ Parent Name (Print) _____ Parent Signature _____ Date



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>	



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Phone# (671) 632-7770



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 reach 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 day school for the full-time of which such schools are in session, except that the starting date 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 notreachedthe 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 off at:

_____.

 Parent/Guardian Name (Print)

 Parent Signature

 Date

 Administrator Name (Print)

 Administrator Signature

 Date

 School Attendance Officer/Resource Officer Name



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: _____

1. Are either of the child's parents or guardian 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 or guardians expect you to 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 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
PHYSICAL EXAM FORM
ELEMENTARY STUDENTS**



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 results of a **TB Skin Test** and date on which they were received. Please refer to **Board Policy 337** or SOP 1700-009.

THIS PORTION 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.	Previous hospitalization:	Yes	No	Year:	Results:
19.	Allergies: Yes No (please list) : Any specific reaction(s):				
20.	Currently taking medication: Yes No				
	Name of medication(s):				
	Reason/Diagnosis:				
21.	Special medical needs:	Yes	No (specify):		
22.	Disability:	Yes	No (specify):		
23.	Prosthesis:	Yes	No (specify):		
24.	Glasses:	Yes	No (specify):		
25.	Hearing Aid:	Yes	No (specify):		
26.	Has the student ever stopped exercising because of dizziness or passing out during exercise? Yes No				
27.	Does the student have asthma (wheezing), hay fever or coughing spells after exercise? Yes No				
28.	Has the student ever had a broken bone, had to wear a cast, or had an injury to any joint? Yes No				
29.	Does the student have a history of concussion (getting knocked out)? Yes No				

30.	Has the student ever suffered a heat-related illness (heat stroke)? Yes No
31.	Does the student have a chronic illness or see a doctor regularly for any particular problem? Yes No
32.	Any medical reason why this child should NOT participate in Physical Education or related activities? Yes No
Please give details on any “Yes” answer(s) from the above health history.	

NOTE: It is important to notify the School Health Counselor or School Administrator of any changes in the health status of this student.

Parent/Guardian Print & Signature

Date

Name: _____
DOB: _____



PART II:

PHYSICAL EXAMINATION (TO BE 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			
Other			

Name: _____
DOB: _____

PART III: LABORATORY TESTING (If Required)

Hemoglobin: _____ Date: _____ Hematocrit: _____ Date: _____
Other Test: _____ Result: _____ Date: _____

This child is physically fit to participate in physical education and/or athletic events and related activities.
Yes No

Diagnosis/Findings	Treatment	Follow up plan

Name of Health Care Provider (Print) Signature Date

Clinic Name & Phone Number



**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> ONLY if it is required based upon DPHSS and/or GDOE guidance: 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): _____ Booster (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