

Guam Department of Education Student Registration Packet



Student Name: _____

School Name: Chief Brodie Memorial 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.



**Guam Department of Education
Student Registration Packet**



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 <i>from previous school</i>		
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 <i>or Appointment Card</i>		
4. Emergency Form		

PARENT/GUARDIAN FORMS BEGIN HERE



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Part A: Board Policies/Standard Operating Procedures – Parent Acknowledgement (Page 1)

Attendance Area *(For more information, please reference Board Policy 411.)*

"The Superintendent is authorized to establish attendance areas," pursuant to 17 GCA §6102. A list of attendance areas shall be made available for review in the main office and at the Department Of Education's central office for examination by any interested party. A child is required to attend the school which serves the attendance area in which:

1. His/her parents or guardians* live; or
2. Caretaker who is responsible for providing the student with food, clothing, or shelter in the absence of parent or legal guardian**.

()A guardian is defined as an adult other than a parent who has been lawfully invested with the power, and charged with the duty, of taking care of a child, as evidence by a court order.*

*(**) The GDOE procedures for dealing with children who are registered by an adult who is not the legal guardian shall be implemented whenever children are registered under these circumstances.*

For Adults Who Are Caretakers of the Children They Register

(For more information, please SOP 1200-023, Chapter 11)

Child Protective Services (CPS), an agency of the Government of Guam, will be informed by the school that you are taking care of the child and you are not the child's guardian. As a caretaker, you do not have the authority to:

1. Provide consent for medical treatment which may be needed by the child; and
2. Make decisions regarding the child's education.

Caretakers must complete the *Student Registration by Caretaker Form* found in the packet. CPS is responsible for investigating these types of situations to determine what needs to be done to enable children to obtain the medical and educational care described above. CPS will work with the adult or caregiver to determine how to best do this. The caretaker and the school are both responsible for following up every 30 days on the legal guardianship status for the child. The school is responsible for documenting the efforts in PowerSchool to track the progress. (19 GCA §13201)

Uniform Policy (Board Policy 401) *(For more information, please reference Board Policy 401.)*

The Board recognizes that school uniforms enhance the learning environment. The intent of the policy is to promote the following: improve student behavior, promote appropriate attire, promote unity and pride, promote safety and security of all school personnel, minimize and or eliminate any socio-economic distinction, and promote an environment free of harassment. The following guidelines for students to follow:

1. No hats or bandanas are to be worn on school campus;
2. Pants/shorts/skorts do not need to be vendor-specific, but need to be the same color as required by the school;
3. Any color undershirt can be worn, as long as there is no obscene language or picture or unless there is a reason to believe it is gang-affiliated;
4. No revealing clothing blouses, spaghetti straps, and high heels; and no open toe shoes; and
5. Also, schools may apply additional restrictions as per BP 400 to meet their school's mission.

The two exemptions for the policy include: provisions for medical reasons or school-wide general dress-down approved by school principal.

Uniform Bag Policy *(For more information, please reference Board Policy 401.1.)*

Secondary students are allowed to use any school bag of their choice as long as it abides by the following restrictions:

1. No vulgar language/inappropriate images.
2. No secret/hidden pocket(s).
3. No connected articles that express violence



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Part A: Board Policies – Parent Acknowledgement (Page 2)

FOR HIGH SCHOOL STUDENTS ONLY:

Service Learning Requirements for High School Students (For more information, please reference Board Policy 381)

The Guam Education Board and the Superintendent of the Guam Department of Education shall create the Service Learning Framework in accordance with 17 GCA § 4124, which states that “each student shall complete seventy-five (75) hours of service learning as a requirement for high school graduation.” Service Learning Hours shall be prorated for students who are newly enrolled with GDOE.

Graduation Requirements for High School Students (For more information, please reference Board Policy 351.4)

Required Courses	College Preparatory Credits	Career Preparatory Credits
Language Arts	4	4
Social Studies	4	3
Math	4	3
Science	4	3
Health	1	1
Physical Education	1	1
Chamorro	1	1
Fine Arts	1	1
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: _____



**Guam Department of Education
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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 (✓) 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.



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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 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.



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Part D: School Attendance Zone



School to Insert Attendance Zone

K22 - CARLOS HEIGHTS (Upper-Tumon) ☐

- ☐ Tumon Village
- ☐ Carlos Heights (Stop)
- ☐ Harmon Villa

K49 – HARMON ☐

- ☐ Iglesia
- ☐ San Agustin

B19 - HARMON IND. PARK ☐

- ☐ Washland
- ☐ Harmon Mart
- ☐ Proline / Urban
- ☐ Harmon Plaza



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Part E: Ethnicity and Race Identification

Section 1: The following two (2) tables pertain to the student for statistical purposes.

Citizenship: (Circle one)

1	US Citizen	5	FSM Citizen
2	CNMI Citizen	6	Marshallese Citizen
3	Permanent Resident Alien (Green Card)	7	Belauan Citizen
4	I-20/Foreign Student/F-Visa	8	H-4 Visa

Ethnic Background: (Circle one)

A	Chamorro	G	Korean	P	Vietnamese
AR	Rota	H	Hawaiian	Q	Hispanic
AS	Saipan	I	Samoa	R	American Indian/ Alaskan Native
AT	Tinian	J	Kosraean	S	Indonesian
B	Filipino	K	Pohnpeian	T	Other Pacific Islander
C	White (Non-Hispanic)	L	Chuukese	U	Mixed
D	African American	M	Yapese		Other
E	Japanese	N	Marshallese		
F	Chinese	O	Belauan		

Race: (Circle one)

AM	American Indian or Alaskan Native (R)	AS	Asian (B) (E) (F) (G) (P) (S)
BL	Black or African American (D)	HI	Hispanic or Latino (Q)
HP	Native Hawaiian or Other Pacific Islander (A) (AR) (AS) (AT) (H) (I) (J) (K) (L) (M) (N) (O) (T)	MR	Other Ethnic/Mixed Categories (U)
WH	White (Non-Hispanic) (C)		

Section 2: The following information below pertains to the parent/guardian with whom the student is living with upon registration.

Federal Status: (Circle one)

A	Navy (Military)	H	Coast Guard (Civilian)	M	All Others
B	Navy (Civilian)	I	Marine Corps (Military)	N	Reserves (Inactive/PT)
C	Air Force (Military)	J	Marine Corps (Civilian)	O	National Guard (Inactive/Part-Time)
E	Army (Military)	K	Other Federal Agencies	P	Retried Military
F	Army (Civilian)	L	Student I-20	Q	Active Reserves/National Guard
G	Coast Guard (Military)				

Living Status: (Circle one)

1	Live and Work on Federal Property	3	Live on Federal Property Low Cost Housing
2	Work on Federal Property	4	None-Federally Connected



Guam Department of Education
HOME LANGUAGE SURVEY
 (Part F: Student Registration)



School: Chief Brodie Memorial Elementary School

Student's Name			Date of Birth	Grade
Last	First	MI		

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

Please circle one for each question.

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

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

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

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

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

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

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

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

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

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

 Signature of Parent or Guardian

 Date

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



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Part G: Student Home Map & Other Information

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



CHIEF BRODIE MEMORIAL ELEMENTARY SCHOOL

225 North Marine Corps Drive Tamuning, Guam 96913



Guam Department of Education
501 Mariner Avenue Barrigada, Guam 96913
Tel: 647-4444

After School Transportation Form

Child's Name: _____ Grade: _____ Homeroom #: _____ Teacher: _____

Street Address: _____

My child will be a: (Please check only one)

☐ Bus rider

☐ Car Ride

☐ Walker

☐ ASPIRE

If you check marked a bus, please identify the street/bus stop that your child will be getting off at: (Please only check one)

Harmon Industrial Park Area

Upper-Tumon

Harmon

☐ Washland

☐ Tumon Village

☐ Iglesia

☐ Harmon Mart

☐ Carlos Heights

☐ San Agustin

☐ Proline/Urban

☐ Harmon Villa

☐ Harmon Plaza

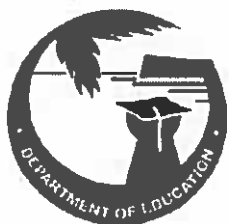
Please list siblings: _____

NOTE: Chief Brodie Memorial Elementary School will not be accepting/entertaining any phone calls regarding afterschool transportation. A note must be provided for any change of transportation. Authorized persons must be 18 years of age and provide a valid identification card upon pick up/sign out the student.

I have filled this form out to the best of my knowledge and understand that a note must be provided to Chief Brodie Memorial Elementary School for any change of transportation for my child.

Parent Name: _____ Parent's Signature: _____ Date: _____

Student's Name: _____ **Grade:** _____ **Homeroom:** _____



**DEPARTMENT OF EDUCATION
EMERGENCY INFORMATION & HEALTH FORM
SY: 20 20 - 20 21**



Student: _____ **School:** Chief Brodie Memorial Elementary School
Last First Middle Initial

Date of Birth: ____/____/____ **Male or Female** **Ethnicity:** _____ **Grade:** _____ **Room:** _____
Month Day Year (circle one)

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:	Home Phone: Work:
Cell:	Cell:
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 food borne illness, DOE/DPHSS are authorized to obtain stool/vomit samples from the child in the interest of Public Health. ☐ **Yes** ☐ **No**

I give permission for the ambulance to transport my child to: ☐ **GMH** ☐ **Naval Hospital**
☐ **GRMC in a medical emergency.** **Insurance:** _____

In case of an Emergency, DOE Reserves the Right to release contact information to your child's bus driver or the Superintendent of Operations, Department of Public Works. _____ **(Parent/Guardian Initial)**

My child is able to participate in a regular PE class and physical activities: ☐ **YES** ☐ **NO** if **"NO"** a Health Care Provider's note is required.

Parent/Guardian Print & Signature

Date

Basic Health Data

To be filled out by Parent/Guardian to effectively meet the health needs of your child at school.

Yes	No	Complete Checklist below regarding your Child
		Rheumatic Fever
		Diabetes
		Heart Disease
		Skin Problems <input type="checkbox"/> Eczema <input type="checkbox"/> Other: _____
		Seizures <input type="checkbox"/> Date of Last seizure: _____
		Hearing Problem <input type="checkbox"/> Hearing Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Vision Problem <input type="checkbox"/> Glasses or <input type="checkbox"/> Contact Lenses
		Asthma <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer
		Date of Last asthma attack: _____
		Allergy to: <input type="checkbox"/> Food <input type="checkbox"/> Drugs <input type="checkbox"/> Other, specify: _____
		Allergy to: <input type="checkbox"/> Bee Sting <input type="checkbox"/> Insect <input type="checkbox"/> Type of reaction: _____
		Epipen <input type="checkbox"/> Yes <input type="checkbox"/> No
		Current Medication(s): _____ Reason: _____
		Other Serious Illness or Injury: _____
		Other Behavioral or Mental Health Concerns: _____

(Please Draw a Map to your Residence)

List the names of all your children who are attending this school (include Head Start) from the oldest to the youngest.

	Child's Name	Grade	Room
1			
2			
3			
4			

SCHOOL COUNSELORS CONFIDENTIALITY GUIDELINES

****MUST BE POSTED IN SCHOOL COUNSELORS OFFICE****

CONFIDENTIALITY GUIDELINES

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

1. Harm to self or others

2. Abuse or neglect

3. Court or other legal proceedings

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

APPENDIX 3-2

SCHOOL COUNSELORS CONFIDENTIAL GUIDELINES ACKNOWLEDGMENT

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

1. Harm to self or others

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

2. Abuse or neglect

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

3. Court or other legal proceedings

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

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

I have read and I understand the guidance department's confidentiality guidelines and exceptions.

Student Signature

Date

Parental/Guardian Signature, if applicable

Date

APPENDIX 3-3

SCHOOL COUNSELING INFORMED CONSENT FORM

Introduction of Services

Guam Department of Education is committed to providing quality education to its students. In an effort to achieve this goal, school staff or parents/guardians may refer students for counseling, or students may request counseling. The aim of the school counseling services is to help students have more effective education and socialization within the school community. Possible counseling topics are coping with changes, transition, self-esteem, friendship and relationship issues, study skills, stress management, fears or worries, academic progress, conflict resolution, social skills adjustment to school or culture, academics, etc. These services are available at no cost. However, these services are not intended as a substitute for medication, psychological counseling or diagnosis, which are not the responsibility of the school.

Confidentiality

Because counseling is based on a trusting relationship between counselor and counselor, the school counselors will keep information confidential with some limitations. We understand that the school counselors may share information with parents/guardians, the student's teacher, and/or administrators who work with the student on a need to know basis, so that we may better help the child as a team. Under the following circumstances, the school counselors are required by law to share information with others.

1. Harm or self or others
2. Abuse or neglect
3. Threat to school safety
4. Court order or other legal proceedings

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

Contact

If you have further questions about the information on this form, the counseling relationship, the counseling techniques used by the counselors, or the length of counseling, please contact the following school counselor:

School Counselor: _____ Phone #: _____ Email: _____

Student Name: _____ Grade: _____

I, _____, am the legal parent/guardian of _____

I have read, understand, and agree to the terms of the School Counseling Informed Consent.

I give permission for my child, _____, to receive counseling services while attending school at GDOE. I understand that I may withdraw this consent at any time by signing and dating a written notice requesting termination of counseling services.

Parental/Guardian (Print Name and Sign) _____ Date

Phone #: _____ Email: _____

APPENDIX 3-4**CONSENT TO EXCHANGE CONFIDENTIAL
STUDENT INFORMATION**

Student Name: _____ Date of Birth: _____

Name of School: Chief Brodie Memorial Elementary School Student ID: _____**CHECK ONE:**

- ☐ I am the parent/guardian of the above named student, a non-emancipated student under the age of 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information relating to this student between (GDOE) and _____
(agency/individual)
- ☐ I am an emancipated student under the age of 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information between (GDOE) and _____
(agency/individual)
- ☐ I am a student over the age 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information between (GDOE) and _____
(agency/individual)

CHECK ONLY IF APPLICABLE:

- ☐ **Purpose of Exchange:** If the consent is being given to exchange information for a particular purpose, please describe: _____

- ☐ **Time limit:** If consent is being given to exchange information during a particular period of time, please specify time period from _____ to _____.

This consent has been made freely, voluntarily, and without coercion. Those who receive this information cannot disclose it to others unless permitted by Federal or State Law. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure had already taken action in reliance on it. This consent to exchange information is not valid after 12 months of the date of signature unless otherwise specified.

Student/Parent/Guardian Signature (Print Name and Sign)_____
Date Signed_____
Employee's Signature_____
Date Witnessed_____
Print Name and Title of Employee Providing Information**** If date of revocation is prior to 12 months, complete this section.**_____
Parental/Guardian (Print Name and Sign)_____
Date Signed_____
Employee's Signature and Title_____
Date Witnessed



DEPARTMENT OF EDUCATION MEDICAL CLEARANCE FORM



Student Name: _____ Date of Birth: _____ Date: _____
Home Address: _____
Mailing Address: _____
Father/Guardian: _____ Mother/Guardian: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

PART I: IMMUNIZATION AND TB STATUS

A copy of the Official Immunization Record must be attached. Such 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 the specific requirements. (See Reverse for Board Policy 337)

PART II: PHYSICAL EXAMINATION (To be completed by medical professional)

T-P-R-BP: _____ / _____ / _____
Height: _____ Vision: Right _____ Left _____
Weight: _____ Hearing: Right _____ Left _____

Please check each line	Normal	Abnormal	Not Examined	Findings
General Appearance				
Skin, Hair, Nails				
Eyes: External (pupils, cornea)				
Optic Fundus				
Muscle Balance				
Ears: External				
Auditory Acuity				
Tympanic membrane				
Nose, Mouth, Pharynx, Larynx				
Speech				
Teeth, Gums				
Neck, Lymph Nodes, Thyroid				
Cardiovascular				
Respiratory				
Gastrointestinal				
Genito-urinary				
Muscular-Skeletal				
Scoliosis Screening				
Neurological Impressions				
Nutritional Status				
Behavior during examination				
Other				

Summary of Findings, Treatments, and Recommendations

Diagnosis/Findings

Advice & Treatment Given

Recommendations & Follow-up Plan

PART III: LABORATORY TESTS (If Required)

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

WHAT IS YOUR OPINION OF THIS CHILD'S HEALTH?

// Perfectly Healthy // Specific Problem // Special Healthcare Needs

This child is physically fit to participate in physical education and/or athletic events and related activities?

____ Yes ____ No

Name of Examiner (Print)

Signature

Clinic & Phone Number

Date



DEPARTMENT OF EDUCATION MEDICAL CLEARANCE FORM



THIS PORTION TO BE COMPLETED BY PARENTS

HEALTH HISTORY (Please indicate age or year of condition on the space provided below)

<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Skin Disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Measles	<input type="checkbox"/> Hernia	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Mumps	<input type="checkbox"/> Vision Problem
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Other

1. Head Injuries.....Year _____ Results _____
2. Fractures.....Year _____ Results _____
3. Previous Hospitalization.....Year _____ Results _____
4. Allergies (please list).....
5. Taking any medication(s)? _____ Yes _____ No
Name of Medication(s): _____
Reason/Diagnosis: _____
6. Special medical needs (please explain or specify): _____
7. Prosthesis (please explain or specify): _____
8. Glasses or Hearing aid: _____
9. Any medical reason why this child should not participate in physical education or related activities?
_____ Yes _____ No
Please Explain _____

It is important to notify the School Health Counselor or principal of any pertinent change in health status, temporary or otherwise.

Students must submit valid documentation showing completion of a Physical Examination, Immunizations when they are due, Results of a TB skin test, & Emergency Information Card. (Board policy 337 – Health Requirements)

Students who plan to participate in interscholastic activities/athletics must submit the Parental Consent & Athletic Clearance form (GlAA Rule VII, Student Eligibility, Section 5 – Parent Consent/Medical Form)

Parent/Guardian Signature _____

Date _____

***** **BOARD POLICY 337: IMMUNIZATION & HEALTH REQUIREMENTS**

1. An official immunization card, or a statement on official medical letterhead which has been signed by duly authorized medical personnel, or a copy of (or original) school health records, any of which clearly shows the dates on which the child has received:
 - a) 1 dose DTaP/DTP/DT or Td if the child is 7 or more years of age. 1 dose of TD is required if 10 years elapsed since last DTaP/DTP/DT.
 - b) 1 dose of TdPV or IPV
 - c) for K - 12 students: 2 doses of MMR*, provided the second MMR (MMR2) was received no sooner than 30 days after receipt of the initial MMR* - for Head Start and K-12 grade students: one dose of MMR* or MR if the child is 7 or more years of age, * the first MMR (MMR1) must be received no sooner than the first birthday to be considered valid
 - d) for K-First grade students: 1 dose of Hepatitis BNote: Items a, b, c, and d represent only the minimal immunizations required for registration. Students are required to present valid documentation after registration of having received follow-up immunizations as a condition for continued school enrollment.
2. The results of a TB skin test conducted within a year prior to registration if the child is entering from the U.S.A. or U.S. Territories, or within 6 months prior to registration if the child is entering from a non-U.S. territory.
 - a) If the results are positive (e.g. a reading of 10 mm or greater) the child must obtain a TB Evaluation Clearance Form from the Department of Public Health and Social Services in Mangilao before registration can be completed. Call the Tuberculosis program at 735-7120/7135, or make an appointment if this evaluation is needed.
 - b) TB skin test will be required for all DOE students who will transition from elementary to middle school and middle to high school at sixth and ninth grade.
3. The results of a physical exam current within one year prior to or after entry into any school system or official documentation which shows that a physical exam has been scheduled for the child. Physical exams will be required for transitioning students from elementary to middle school and middle to high schools at sixth and ninth grade. If a student presents with a medical concern or diagnosis the SHC may require an updated medical clearance for school attendance or PE.
Note: A student who does not submit the results of a scheduled physical exam by the school day after the scheduled date will be excluded from school until the results are submitted.
4. A completed **Emergency Information & Health Form** annually [provided by the school].

UPDATED JULY 2015



**Guam Department of Education
Student Registration**

Part I: 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)		****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		



Guam Department of Education
Student Registration

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. Chief Brodie Memorial Elementary School 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 Chief Brodie Memorial Elementary School
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



**Guam Department of Education
Student Registration**

Part N: Media/Photo Release Permission

Chief Brodie Memorial Elementary School 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 Chief Brodie Memorial Elementary School
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 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 off at:
(671) 647-4444 / (671) 647-4403

Parent/Guardian Name (Print)

Parent Signature

Date

Administrator Name (Print)

Administrator Signature

Date

School Attendance Officer/Resource Officer Name