

CHIEF BRODIE MEMORIAL ELEMENTARY SCHOOL

671-647-4444

Please ensure that you have ALL required documents upon submission.

WE WILL NOT ACCEPT INCOMPLETE DOCUMENTATION / REGISTRATION

FOR KINDERGARTEN (OR 1ST TIME ENTRY) & HEADSTART	FROM A NON-DOE SCHOOL OR OFF-ISLAND SCHOOL	FROM OTHER DOE SCHOOLS
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OFFICIAL DOCUMENTS

ORIGINAL BIRTH CERTIFICATE / PASSPORT CHILD MUST BE 5 YEARS OLD ON OR BEFORE JULY 31, 2017. See page 2 for details	ORIGINAL BIRTH CERTIFICATE / PASSPORT	ORIGINAL BIRTH CERTIFICATE / PASSPORT
PARENT DRIVER'S LICENSE / US PASSPORT	PARENT / GUARDIAN DRIVER'S LICENSE OR US PASSPORT	PARENT / GUARDIAN DRIVER'S LICENSE OR US PASSPORT
	TRANSCRIPT	REPORT CARD / PROGRESS REPORT
	REPORT CARD / PROGRESS REPORT	ORIGINAL WITHDRAWAL FORM FROM PREVIOUS SCHOOL (TO INCLUDE HEALTH AUDIT, LOTE INFO, USDA MEAL APPLICATION)

PROOF OF RESIDENCY

LEASE AGREEMENT / CURRENT UTILITY BILL / WRITTEN AUTHORIZATION FROM LANDLORD / MAYOR'S VERIFICATION	LEASE AGREEMENT / CURRENT UTILITY BILL / WRITTEN AUTHORIZATION FROM LANDLORD / MAYOR'S VERIFICATION	LEASE AGREEMENT / CURRENT UTILITY BILL / WRITTEN AUTHORIZATION FROM LANDLORD / MAYOR'S VERIFICATION
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HEALTH REQUIREMENTS

PHYSICAL EXAMINATION OR APPOINTMENT CARD (APPOINTMENT CARD WILL ONLY BE ACCEPTED IF YOUR PHYSICAL EXAM IS AFTER AUGUST 17, 2017.)	PHYSICAL EXAMINATION OR APPOINTMENT CARD (APPOINTMENT CARD WILL ONLY BE ACCEPTED IF YOUR PHYSICAL EXAM IS AFTER AUGUST 17, 2017.)	HEALTH AUDIT
SHOT RECORD REQUIRED IMMUNIZATIONS (See page 2 for details) <u>HEADSTART (Health Audit from the Headstart Program)</u> PPD <u>SKIN TEST W/RESULTS</u>	SHOT RECORD REQUIRED IMMUNIZATIONS (See page 2 for details) PPD Skin Test w/results	SHOT RECORD

REQUIRED DOCUMENTS

Birth certificate: Must be official; i.e they must have either an embossed raised seal or official ink stamp. Any birth certificate bearing alteration marks may be deemed unacceptable.

Immunization Card: **FULLY IMMUNIZED ACCORDING TO DPHSS REGULATIONS.**

- (4 or 5) doses of DTP / TDAP.
- (3 or 4) doses of TOPV or IPV.
- All Grades: (2) doses of MMR.
- All Grades: (3) doses of HEP B (effective 1/4/99)
- Physical Examination : Must be within (1) year upon registration
- **TB SKIN TEST (PPD) WITH RESULTS.**
The date on which the Tb skin test was conducted and the date on which the result was read must be clearly specified. **IF THE RESULT IS POSITIVE AND SHOWS A READING OF 10mm OR GREATER, THE CHILD MUST OBTAIN A TB EVALUATION CLEARANCE FORM FROM THE DEPARTMENT OF PUBLIC HEALTH IN MANGILAO BEFORE REGISTRATION CAN BE COMPLETED.**
Test results must be within (1) one year if the child is entering from the U.S or a U.S Territory or within (6) six months if entering from a foreign country / non-U.S Territory.

IMPORTANT MESSAGE FROM NURSE DAVE

**PLEASE ENSURE THAT YOUR CHILD /
CHILDREN HAVE SPARE CLOTHING IN THE
EVENT AN EMERGENCY OCCURS.**



DEPARTMENT OF EDUCATION

500 MARINER AVE
BARRIGADA GU 96913-1608
www.gdoe.net

JON J. P. FERNANDEZ

REGISTRATION PACKET – PART A

DATE / /

PowerSchool Entry Codes (Check the code that applies)

R2 – ENTRY / RE-ENTRY FROM ANOTHER GUAM PUBLIC SCHOOL Completed registration process of a student from another Guam Public School.
R3 – ENTRY / RE-ENTRY FROM GUAM NON PUBLIC SCHOOL Completed registration process of 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 of a student from an off island school.
R5 – RE-ENTRY FROM ANOTHER GU SCHOOL AFTER WD 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 Guam Public School from another Guam Public School.
R6 – RE-ENTRY TO SAME SCHOOL AFTER WD 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 Guam Public 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 have been attending home school.

STUDENT NAME: _____
Last First MI.

GENDER (M or F): _____ **DATE OF BIRTH:** _____ **GRADE:** _____

HOME ADDRESS: _____
HOUSE NO. STREET NAME VILLAGE

MAILING ADDRESS: _____
P.O. BOX VILLAGE ZIP CODE

REGISTRATION PACKET – PART B

BOARD POLICY

Pursuant to 17 GCA §6102. “The Superintendent is authorized to establish attendance areas.” 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:

- a. His/her parents or guardians* live; or
- b. 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 Department Of Education’s 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.

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. 17 GCA.... 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.

RESIDES WITH (Check the code that applies)

RELATIONSHIP NAME OF PERSON(S) STUDENT RESIDES WITH:

<input type="checkbox"/>	F FATHER ONLY
<input type="checkbox"/>	M MOTHER ONLY
<input type="checkbox"/>	P PARENTS
<input type="checkbox"/>	G GUARDIAN
<input type="checkbox"/>	GM GRANDMOTHER
<input type="checkbox"/>	GF GRANDFATHER
<input type="checkbox"/>	GP GRANDPARENTS
<input type="checkbox"/>	CG CARETAKER

NAME AND ADDRESS OF LAST SCHOOL ATTENDED:

DATES OF ATTENDANCE:

REGISTRATION PACKET – PART C

ETHNIC BACKGROUND - NEEDED FOR STATISTICAL PURPOSES – (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 (NOT HISPANIC) | L CHUUKESE | U OTHERS (MIXED) |
| D AFRICAN AMERICAN | M YAPESE | |
| E JAPANESE | N MARSHALLESE | |
| F CHINESE | O BELAUAN | |

FEDERAL STATUS (CIRCLE ONE)

- | | | |
|---------------------------|----------------------------|--|
| A. NAVY (MILITARY) | H. COAST GUARD (CIVILIAN) | O. NATIONAL GUARD
(INACTIVE/PRT-TIME) |
| B. NAVY (CIVILIAN) | I. MARINE CORPS (MILITARY) | P. RETIRED MILITARY |
| C. AIR FORCE (MILITARY) | J. MARINE CORPS (CIVILIAN) | Q. ACTIVE
RESERVES/NATIONAL
GUARD |
| D. AIR FORCE (CIVILIAN) | K. OTHER FEDERAL AGENCIES | |
| E. ARMY (MILITARY) | L. STUDENT I-20 | |
| F. ARMY (CIVILIAN) | M. ALL OTHERS | |
| G. COAST GUARD (MILITARY) | N. RESERVES (INACTIVE/PT) | |

LIVING STATUS (CIRCLE ONE)

- | | |
|--|--|
| 1 LIVE & WORK ON FEDERAL PROPERTY
COST HOUSING) | 3 LIVE ON FEDERAL PROPERTY (LOW
COST HOUSING) |
| 2 WORK ON FEDERAL PROPERTY | 4 NON-FEDERALLY CONNECTED |

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 1-20/FOREIGN STUDENT/F – VISA | 8 H-4 VISA |

REGISTRATION PACKET - PART D

EMERGENCY CONTACT / MEDICAL

CONTACT # 1
LAST NAME FIRST

HOME PHONE# CELL #

WORK PHONE#

CONTACT # 2
LAST NAME FIRST

HOME PHONE# CELL #

WORK PHONE#

CONTACT # 3
LAST NAME FIRST

HOME PHONE# CELL #

WORK PHONE#

Parent Signature: *Date*

REGISTRATION PACKET – PART D

PLEASE DRAW A MAP TO YOUR HOME

For School Use Only:

ATTENDANCE AREA CODE: _____

IS STUDENT A CAR RIDER? YES NO

REGISTRATION PACKET – PART E

PARENT/GUARDIAN INFORMATION

Office of Civil Rights (OCR) Title VI ensures equitable treatment based on race, color and national origin.

1. Do you speak English? (circle one) YES or NO
2. Are you able to read in your native language? (circle one) YES or NO
3. Do you need an interpreter to complete the registration packet? (circle one) YES or NO

FOR SCHOOL USE ONLY:

If "NO" is answered for #1 or #2 or "YES" to #3, regarding the OCR questions above, the school must provide a copy of the registration packet to the assigned Social Worker.

FATHER OR GUARDIAN'S NAME

MOTHER OR GUARDIAN'S NAME

LAST FIRST MI.

LAST FIRST

PLACE OF EMPLOYMENT

PLACE OF EMPLOYMENT:

WORK TELEPHONE NUMBER

WORK TELEPHONE NUMBER

HOME TELEPHONE NO. / MOBILE PHONE NO.

HOME TELEPHONE NO. / MOBILE PHONE NO.

EMAIL ADDRESS

EMAIL ADDRESS

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 dis-enrolled and sent to his/her respective school attendance area.

(Print) PARENT/GUARDIAN NAME

SIGNATURE

DATE

REGISTRATION PACKET – PART F

PLACEMENT & POLICIES INFORMATION FORM

I. SERVICES RECEIVED

Please circle services your child is receiving or has received:

- A. Special Education Services
- B. English as a Second Language
- C. Section 504 Accommodations
- D. Individualized Health Plan
- E. Free/Reduced Meals
- F. Other: _____
- G. None

Chief Brodie Memorial Elementary School

Guam Department of Education
500 Mariner Avenue
Barrigada, GU 96913



Mode of Transportation Bus Rider Car Rider Walker

DEPARTMENT OF EDUCATION
Emergency Information & Health Form (EIHF)

Student Name: _____ School: _____
Last First Middle Initial

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

Father/Guardian: _____ Mother/Guardian: _____

Mailing Address: _____ Mailing Address: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Employer/Dept.: _____ Employer/Dept.: _____

WorkPhone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

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 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.

My child is able to participate in regular PE class. Yes No If "NO" a Health Care Provider clearance is required

Parent's Signature: _____ Date: _____

Basic Health Data

(To be filled out by Parent/Guardian(s) 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"/>
		Seizures		Date of last seizure:	
		Hearing Problem		Hearing Aid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Vision Problem		Glasses or Contact Lenses <input type="checkbox"/>	
		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 Bite	Type of reaction:
		Epipen	<input type="checkbox"/>	Yes	<input type="checkbox"/>
				No	ER visit for reaction <input type="checkbox"/> Yes <input type="checkbox"/> No
		Current Medication(s):		Reason:	
		Other Serious Illness or Injury:			
		Other Physical or Mental Problems or Concerns:			

(Please Draw a Map to your Residence)

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

	Child's Name	Grade	Room
1			
2			
3			
4			
5			



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 _____

Table with 5 columns: Please check each line, Normal, Abnormal, Not Examined, Findings. Rows include General Appearance, Skin, Hair, Nails, Eyes, Ears, 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)

- Anemia, Asthma, Chicken Pox, Convulsions/Seizures, Diabetes, Measles, Hay Fever, Hearing Problem, Heart Disease, Hernia, Mumps, Rheumatic Fever, Skin Disorder, Tuberculosis, Vision Problem, 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. (GIAA 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...
2. The results of a TB skin test conducted within a year prior to registration...
3. The results of a physical exam current within one year prior to or after entry into any school system...
4. A completed Emergency Information & Health Form annually [provided by the school]

PROMISSORY NOTE

BORROWER'S INFORMATION			
Student's Name:		Grade:	
Class:	Class Period:	Issue Date of Item:	
Teacher Name:			
Textbook Title:	Issue #:	Condition:	Value:
Equipment:	Issue #:	Condition:	Value:

Dear Parent/Guardian,

Your son/daughter will be issued the item(s) described above by his/her teacher. The item is entrusted to the student when issued and the student must take care and maintain the item until it is returned and cleared. Please discuss with your child that the condition of the item issued is his/her responsibility. By signing this form you agree that payment to the school is required if the item(s) are damaged, lost or stolen.

Please acknowledge that you have read this letter by signing on the line below. Please have your son/daughter return this letter to the appropriate teacher.

Sincerely,

Teachers Signature

Teachers Email Address

Student's Signature: _____ Date Signed: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____ Date Signed: _____

Parent's/Guardian's Contact Numbers: _____

Work

Cell Phone

Email Address _____