



K. Erik Swanson, PhD
Superintendent

Upi Elementary School

Home of the Totots!

Phone: (671) 633-1382 • Email: upi@gdoe.net
Mail: 501 Mariner Avenue, Barrigada, GU 96913



Julie K. Salas, Principal
Mabel Uncangco, Assistant Principal

School Year 2023-2024

STUDENT REGISTRATION CHECKLIST			
*** ALL SUPPORTING DOCUMENTS ARE REQUIRED UPON REGISTRATION. INCOMPLETE PACKETS WILL NOT BE ACCEPTED***			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KINDERGARTEN/NEVER BEEN ATTENDED SCHOOL	FROM HEADSTART	FROM NON-PUBLIC/ OFF-ISLAND SCHOOLS	FROM ANOTHER GDOE PUBLIC SCHOOL
() PHOTO IDENTIFICATION And Court Documentation (If applicable)	() PHOTO IDENTIFICATION And Court Documentation (If applicable)	() PHOTO IDENTIFICATION And Court Documentation (If applicable)	() PHOTO IDENTIFICATION And Court Documentation (If applicable)
() OFFICIAL BIRTH CERTIFICATE *Child must be age 5 on/before July 31 at the start of the school year. (AUG 2016-JUL 2017)	() OFFICIAL BIRTH CERTIFICATE *Child must be age 5 on/before July 31 at the start of the school year.	() OFFICIAL WITHDRAWAL FROM PREVIOUS SCHOOL to include report card, transcripts, or other pertinent documentation.	() OFFICIAL WITHDRAWAL PACKET FROM PREVIOUS SCHOOL to include: ___ Proof of Residency ___ Health Audit ___ Progress Report/Report Card
() PROOF OF RESIDENCY ___ Mayor's Verification; or ___ Lease Agreement; or ___ Utility Bill; and ___ Notarized Living Arrangement ___ Deemed Homeless (Certification from SPCE)	() PROOF OF RESIDENCY ___ Mayor's Verification; or ___ Lease Agreement; or ___ Utility Bill; and ___ Notarized Living Arrangement ___ Deemed Homeless (Certification from SPCE)	() OFFICIAL BIRTH CERTIFICATE	
() PHYSICAL EXAMINATION <u>OR</u> () APPOINTMENT CARD *If the appointment has not been met, the child will be sent home/excluded from school.	() HEALTH AUDIT PROVIDED BY HEADSTART OFFICE	() PROOF OF RESIDENCY ___ Mayor's Verification; or ___ Lease Agreement; or ___ Utility Bill; and ___ Notarized Living Arrangement ___ Deemed Homeless (Certification from SPCE)	() OFFICIAL BIRTH CERTIFICATE
() UPDATED SHOT RECORD *Must reflect current skin tests results within one year.	() UPDATED SHOT RECORD *Must reflect current skin tests results within one year.	() PHYSICAL EXAMINATION <u>OR</u> () APPOINTMENT CARD *If the appointment has not been met, the child will be sent home/excluded from school.	() IMMUNIZATION CARD (If applicable)
		() UPDATED SHOT RECORD *Must reflect current skin tests results within one year.	FORMS: () EIHF () Media & Tech () Truancy Prevention Letter

NOTE: STUDENTS MUST BE REGISTERED ONLY BY LEGAL PARENT/GUARDIAN (WITH COURT DOCUMENTATION)

FOR OFFICE USE ONLY: () ESL () GATE () 504 () ALLERGY () OTHER: _____

Received By: _____

Date Received: _____



Guam Department of Education
Student Registration



Part A: Parent Acknowledgement of Board Policies

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.

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: _____

Student Name: _____



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



Student: _____ 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: (choose ONE)

(*This pertains to after-school)

Bus Rider

Car Rider

Walker

Area: _____

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. Medical 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 Eczema Other:
		Seizures Date of Last seizure:
		Hearing Problem Hearing Aid: Yes No
		Vision Problem Glasses or Contact Lenses
		Asthma Inhaler Nebulizer
		Date of Last asthma attack:
		Allergy to: Food Drugs Other, specify:
		Allergy to: Bee Sting Insect Type of reaction:
		Epipen Yes 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			



Upi Elementary School
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 on how you receive these announcements.

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. If you have any questions or need assistance, please feel free to contact our main office at (671)633-1382 or send us an email at upi@gdoe.net.

Thank you for your assistance.

PREFERENCE

General Announcement (e.g., student bulletin, school information, etc.) ONLY: All three (3) methods will be used, unless otherwise specified. **Emergencies and attendance notification:** Automatically sent using all three methods: text messaging, phone call, and email (if applicable).

Send notices to both parents/guardians:

***Only fill out the name of parent/guardian to receive announcement/general information.**

If you wish not to receive the "General Announcement" notification using all three (3) methods, please (✓) to indicate your preference. ☐ Text Message ☐ Phone Call ☐ Email

MOTHER/Guardian Name	
MOTHER/Guardian Cellphone	
Email:	
FATHER/Guardian Name	
FATHER/Guardian Cellphone	
Email:	

Only parent/guardian indicated on our school system is authorized to submit this form. *Please note if contact information provided on this form is different from what was provided on the current school year Emergency Information & Health Form, please submit an updated one.

Parent/Guardian Print Name

Sign & Date



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Superintendent

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MEDIA/PHOTO RELEASE PERMISSION

Upi Elementary School will be reporting newsworthy events by film, photograph, audiotape, or 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.

Upi Elementary School 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:

☐ **YES, I ALLOW** the school to release my child's name, photograph and/or work to be used as described above.

☐ **NO, I DO NOT** allow the school to release my child's name, photograph and/or work to be used as described above.

Name of Child: _____

Homeroom: _____

Parent/Guardian's Name & Signature: _____

Date: _____

EDUCATION TECHNOLOGY USE POLICY

USER AGREEMENT

I have read, understand, and will follow Guam Education Board Policy 379 Education Technology Use Policy (which can be viewed on the GEB official website: <https://sites.google.com/a/gdoe.net/guam-education-board/GEB-Policies>) 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.

Parent/Guardian Name (PRINT)

Parent/Guardian 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 _____

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. Upi Elementary School has taken 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 Upi Elementary School responsible for materials acquired on the network. I hereby give permission for my child to use network resources, including the Internet, which are available through the Guam Department of Education.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date



K.Erik Swanson, PhD.
Superintendent

DEPARTMENT OF EDUCATION OFFICE OF THE ADMINISTRATOR STUDENT SUPPORT SERVICES DIVISION

501 Mariner Ave., Barrigada, Guam 96913
Telephone: (671) 475-0504 or 300-1623/1624
Email: cjanderson@gdoe.net



CHRISTOPHER J. ANDERSON
Administrator

Notice to Parent or Guardian

Title 17 Guam Code Annotated (Education) states in part:

§ 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 reached the age eighteen (18) years, 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 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.

§ 6401. (c) Truant.

"Truant" means a pupil found to be absent from school without a bona fide excuse from a parent.

§ 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 pupils school shall request the Superintendent to file a petition concerning such habitual truant in the Family Court of Guam.

§ 6403. Attendance Officer.

The Superintendent *shall* appoint employees of the Department of Education, as School Resource Officers. The School Resource Officers, any peace officers, principal, or dean may take into custody during school hours without warrant, any truant found away from the truant's home and who has been reported truant. For the purposes of Title 10 GCA, Chapter 55, §55102, School Resource Officers are *not* classified as public safety and law enforcement officers.

ACKNOWLEDGEMENT RECEIPT:

Signature of Parent/Legal Guardian _____

School Resource Officer

Date