



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: _____



Guam Department of Education Student Registration Packet



Part B: Student Information

Student Demographics

Student Name: _____
Last Name First Name MI

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

Home Address: _____
House # Street Name Village Zip Code

Mailing Address: _____
House # Street Name Village Zip Code

Student resides with: (Check all that applies)

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Parents (Biological) | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Legal Guardian
(Supporting documents REQUIRED) | <input type="checkbox"/> Father Only | <input type="checkbox"/> Grandmother |
| | | <input type="checkbox"/> Grandfather |

School History: (Select one of the following)

- ☐ 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
- ☐ For all other students, please indicate name and address of last school attended and/or last GDOE Public School attended:

Name of School

Address of School

Did you child ever attend/enroll at any GDOE Public School? ☐ YES ☐ NO

**Pertains to students transferring from a Non-public/Off-island schools.*

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

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Special Education Services | <input type="checkbox"/> Section 504 Accommodations | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Individualized Health Plan | <input type="checkbox"/> None |

Do NOT write below this line

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

- | | |
|--|--|
| <input type="checkbox"/> E1: Original Entry/First-Time Entry | <input type="checkbox"/> R2: Entry/Re-Entry from another GDOE school |
| <input type="checkbox"/> R3: Entry/Re-Entry from Guam non-public school | <input type="checkbox"/> R4: Entry/Re-Entry from an off-island school |
| <input type="checkbox"/> R5: Re-Entry from Another Guam School After Withdrawal or Expulsion | <input type="checkbox"/> R5: Re-Entry from Another Guam School After Withdrawal or Expulsion |
| <input type="checkbox"/> R6: Re-Entry To Same School After Withdrawal or Expulsion | <input type="checkbox"/> R8: Re-Entry From Alternative Program School |
| | <input type="checkbox"/> R10: Re-Entry From Home School |



Guam Department of Education Student Registration Packet



Part C: Parent or Guardian and/or Caretaker Information

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

Father or Guardian and/or Caretaker Information:

☐ FATHER ☐ GUARDIAN ☐ CARETAKER

Name: _____
Last Name First Name MI

Home Phone Number Mobile Phone Number Email Address

Place of Employment: _____
(Name of Employer) 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:

☐ MOTHER ☐ GUARDIAN ☐ CARETAKER

Name: _____
Last Name First Name MI

Home Phone Number Mobile Phone Number Email Address

Place of Employment: _____
(Name of Employer) 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



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

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 Attendance District Zone

- | | |
|--|---|
| <input type="checkbox"/> UP10 MONTON
<input type="checkbox"/> UP10 ROBERT FLORES
<input type="checkbox"/> UP10 DESOTO
<input type="checkbox"/> UP10 RT. 15 CHAI ANKIE AREA
<input type="checkbox"/> UP13 ANAO
<input type="checkbox"/> UP16 RT. 15 MOUNT SANTA ROSA
<input type="checkbox"/> UP20 EAST GAYINERO (GAYINERO CIRCLE)
<input type="checkbox"/> UP20 GILL BREEZE SUBDIVISION (EAST GAYINER)
<input type="checkbox"/> UP21 RT. 15 CHALAN PADIRON HAYA
<input type="checkbox"/> UP21 RT. 15 SMITHBRIDGE (CHALAN PADIRON HAYA)
<input type="checkbox"/> UP21 RT. 15 CHALAN GUAKA (CHALAN PADIRON HAYA)
<input type="checkbox"/> UP21 RT. 15 FULLER AREA (CHALAN PADIRON HAYA)
<input type="checkbox"/> UP24 RT. 15 QUINTANILLA AREA (CHALAN PADIRON LAGU)
<input type="checkbox"/> UP24 RT. 15 FLORES AREA (CHALAN PADIRON LAGU)
<input type="checkbox"/> UP24 RT. 15 GAYINERO ENTRANCE (ACROSS GAYINERO MART) | <input type="checkbox"/> UP24 TAITANO'S NURSERY (CHALAN PADIRON LAGU)
<input type="checkbox"/> UP24 RT. 15 CHALAN PADIRON LAGU
<input type="checkbox"/> UP27 CHALAN LA CHANCH/MEPA/FUNGO AREAS
<input type="checkbox"/> UP33 CHALAN ARENDO
<input type="checkbox"/> UP33 IGNACIO STREET (L/R)
<input type="checkbox"/> UP36 EVANGELISTA AREA
<input type="checkbox"/> UP39 RT. 15 OKSO KAPITAT AREA
<input type="checkbox"/> UY20 CHALAN ENRIQUEN ROSARIO/ RT.1 CHALAN PALE RAMON LAGU
<input type="checkbox"/> UY50 LUCKY I SUBDIVISION
<input type="checkbox"/> UY51 LUCKY II SUBDIVISION
<input type="checkbox"/> Y21 BORDALLO SUBDIVISION
<input type="checkbox"/> Y24 SALAS I SUBDIVISION
<input type="checkbox"/> OUT OF DISTRICT <i>(Approval Required)</i>
<input type="checkbox"/> OTHER: _____ |
|--|---|

AFTER-SCHOOL TRANSPORTATION

Please select only **ONE (1)** transportation option:

☐ BUS RIDER

Please indicate bus area if different from attendance district zone indicated above:

☐ CAR RIDER*

☐ WALKER

(Note: Parent will need to pick up their child at the car rider area.)

SCHOOL POLICY: If there are any changes to my child's after-school transportation, **a written parent consent must be provided to the school's main office/classroom teacher** in order to change my child's dismissal route. The main office **will not be accepting** any phone calls regarding change of after-school transportation. Authorized persons listed as an emergency contact must be 18 years of age and provide a valid identification card upon pick up/sign out of the student.

*CAR RIDER: The main office closes at 3:30pm., and failure to pick up my child on time will result to contacting GPD/CPS Agency.

By signing below, I certify that I am the parent/legal guardian of child indicated on this form; all information provided is true and correct; I have read, understand, and agree to the above school policy.

Parent/Guardian Signature

Date

GUAM DEPARTMENT OF EDUCATION
UPI ELEMENTARY SCHOOL
STUDENT REGISTRATION
Part G: Student Home Map & Other Information

Draw a map to your residence.

**Printed Google Map will suffice.*



Guam Department of Education
Student Registration Packet
Part E: Ethnicity and Race Identification



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

CITIZENSHIP (✓): Select ONE

<input type="checkbox"/>	US Citizen	<input type="checkbox"/>	FSM Citizen
<input type="checkbox"/>	CNMI Citizen	<input type="checkbox"/>	Marshallese Citizen
<input type="checkbox"/>	Permanent Resident Alien (Green Card)	<input type="checkbox"/>	Belauan Citizen
<input type="checkbox"/>	I-20/Foreign Student/F-Visa	<input type="checkbox"/>	H-4 Visa

ETHNIC BACKGROUND (✓): Select ONE

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

RACE: (✓): Select ONE

<input type="checkbox"/>	AM American Indian or Alaskan Native (R)	<input type="checkbox"/>	AS Asian (B) (E) (F) (G) (P) (S)
<input type="checkbox"/>	BL Black or African American (D)	<input type="checkbox"/>	HI Hispanic or Latino (Q)
<input type="checkbox"/>	HP Native Hawaiian or Other Pacific Islander (A) (AR) (AS) (AT) (H) (I) (J) (K) (L) (M) (N) (O) (T)	<input type="checkbox"/>	MR Other Ethnic/Mixed Categories (U)
<input type="checkbox"/>	W H 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 (✓): Select ONE

<input type="checkbox"/>	A Navy (Military)	<input type="checkbox"/>	H Coast Guard (Civilian)	<input type="checkbox"/>	M All Others / NONE
<input type="checkbox"/>	B Navy (Civilian)	<input type="checkbox"/>	I Marine Corps (Military)	<input type="checkbox"/>	N Reserves (Inactive/PT)
<input type="checkbox"/>	C Air Force (Military)	<input type="checkbox"/>	J Marine Corps (Civilian)	<input type="checkbox"/>	O National Guard (Inactive/Part-Time)
<input type="checkbox"/>	E Army (Military)	<input type="checkbox"/>	K Other Federal Agencies	<input type="checkbox"/>	P Retired Military
<input type="checkbox"/>	F Army (Civilian)	<input type="checkbox"/>	L Student I-20	<input type="checkbox"/>	Q Active Reserves/National Guard
<input type="checkbox"/>	G Coast Guard (Military)				

LIVING STATUS (✓): Select ONE

<input type="checkbox"/>	1 Live and Work on Federal Property	<input type="checkbox"/>	3 Live on Federal Property Low Cost Housing
<input type="checkbox"/>	2 Work on Federal Property	<input type="checkbox"/>	4 None / Federally Connected



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



Upi Elementary School

Student's Name	Date of Birth	Grade
<div>Last</div> <div>First</div> <div>MI</div>		

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:

Parent or Legal Guardian Signature

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.



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

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



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



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



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): (Any bone or muscular limitations?)		
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