



# GUAHAN ACADEMY CHARTER SCHOOL

Building C, D, & E Mariner Avenue, Tiyan, GU 96913

Phone #: 671-979-1065



School Wide Learner Outcome

**GACS STUDENTS WILL BE:**

Goal Oriented Active Communicators and Critical Thinkers who Strive for Lifelong Success

## REGISTRATION FORM

### REGISTRATION CHECKLIST

SCHOOL YEAR: \_\_\_\_\_

- Withdrawal documents from previous school (Does not apply to incoming Kindergarten students.)
- Official Transcripts (FOR HIGH SCHOOL STUDENTS)
- Birth Certificate
- Social Security Card
- Immunization/Shot Record (Updated)
- TB/ (PPD) with results read within the year for all entering students (If your child's skin test is positive, clearance from DPHSS is required.)
- Physical Exam
- Passenger Release of Liability Waiver & Behavior Agreement

### RELEASE OF RECORDS FORM

Permission is hereby granted to:

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ SY \_\_\_\_\_

The above named student has registered at Guahan Academy Charter School.

Please release the following information:

- Grades
- Health Records
- Results of Achievements and intelligence test.
- Personality rating and other similarity data.
- Grades in progress at time of leaving.
- Any other material pertinent to the growth of the student.
- Any psychological testing or Child Study Team information, including the most recent.
  - ❖ Education evaluation
  - ❖ Psychological assessment
  - ❖ Social worker history

Written information is to be sent to the attention of:

**Guahan Academy Charter School**

**P.O.Box CS, Hagatna, Guam 96932**

### Authorization to release records:

**I have enrolled my child \_\_\_\_\_ at Guahan Academy Charter School and authorize you to release the above named student his/her school documents.**

**Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**



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## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Student has an IEP? Yes \_\_\_ N \_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### FATHER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address (If different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### MOTHER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address (If different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### LEGAL GUARDIAN

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address (If different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_





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## SCHOOL BUS PASSENGER RELEASE OF LIABILITY WAIVER & BEHAVIOR AGREEMENT

Please review the following Waiver and Release of Liability. This is regarding your child(ren) utilizing the Guam Department of Public Works School Bus System. Please submit this along with your registration packet. Not submitting this form will also serve as an understanding that you acknowledge that Guahan Academy Charter School has no official role in transporting your child to and from school when school is in session.

**Please read carefully.**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT BY AGREEING TO THE TERMS LAID OUT IN THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE GUAHAN ACADEMY CHARTER SCHOOL, THEIR EMPLOYEES, THEIR BOARD OF TRUSTEES, AND THEIR AFFILIATES.**

1. I wish to participate in the Guam Department of Public Works (DPW) School bus transportation for my child. This document covers the usage of DPW school bus transportation before and after school. I understand that utilizing the school bus system involves certain risks. Those risks include, but are not limited to, the risk of injury to persons, the loss or damage to personal property, and damages or injuries caused by child's negligent or negative behavior.
2. I acknowledge that I am aware of the possibility of student incidents arising at the Chamorro Village DPW school bus interchange and no guarantee of safety for students can be made on behalf of GACS.
3. I acknowledge that though GACS employee-volunteers may be present at the bus interchange, they are only there to establish adult physical presence and will not physically intervene if any incidents arise but will notify DPW and/or GPD.
4. I acknowledge these risks and assume responsibility for my child's participation in the school bus system. I understand that part of my responsibility is to reinforce the rules regarding riding the bus and waiting at the transit station.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY MY CHILD(REN)'S USE OF THE DPW SCHOOL BUS SYSTEM, I AM INDICATING MY ACCEPTANCE TO THE TERMS OF THIS AGREEMENT.**

Parent/Guardian Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Child(ren) Names:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |



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## STUDENT EMERGENCY CARD (To be COMPLETED by PARENTS/GUARDIANS)

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_

### Father/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Mother/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby give permission to the school to release my child to any of the following person in the event I am unable to pick up my child. Kindly specify their relationship to the student below.

### AUTHORIZED TO PICK UP STUDENT

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

- In an emergency, I give permission for the ambulance to transport my child to  
       \_\_\_ GMH \_\_\_ NAVAL HOSPITAL \_\_\_ GRMC
- My child is able to participate in regular Physical Education classes: Yes \_\_\_ No \_\_\_
- If the answer is NO, a doctor's note is required. Has this been provided? Yes \_\_\_ No \_\_\_
- In the event of a food borne illness, GACS & DPHSS are authorized to obtain stool/vomit samples from my child in the interest of Public Health. Yes \_\_\_ No \_\_\_





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## MEDIA CONSENT FORM

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Dear Parents/Guardians,

Throughout the school year, there will be occasions when photographs of the school and your child may be taken by school personnel or the media. Your authorization is requested to have your child photographed or videotaped for media and/or school publications such as newspapers, television, radio, brochures, newsletters, website, social media, and for educational documentation of learning activities.

Highlights of our students' achievements and our school activities can be viewed throughout the year on Guahan Academy Charter School's website at [www.guahanacademy.org](http://www.guahanacademy.org). Individual or group photos of students will be posted on the school website to showcase particular events or activities. General pictures on the website will not identify students by name. Students will only be identified by name when local press releases are made to highlight student achievements.

By giving your permission, you are helping the school to share and promote our students' accomplishments and gain support from the community!

- **YES** Permission is given for my child to be photographed or videotaped for media and/or school publications such as newspapers, television, radio, brochures, newsletters, website, and for educational documentation of learning activities.
- **NO** Permission is given for my child to be photographed or videotaped for media and/or school publications such as newspapers, television, radio, brochures, newsletters, website, and for educational documentation of learning activities.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

***This media consent form is effective for \_\_\_\_\_ until revoked by parent/guardian.***

***(Print student's name)***



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## GUAHAN ACADEMY CHARTER SCHOOL

Office of the Chief Executive Officer

P.O. Box CS, Hagåtña, Guam 96932

Telephone: (671) 979-1065

[www.guahanacademy.org](http://www.guahanacademy.org)



Ann Margaret B. Santiago

(671) -734-1067

[asantiago@guahanacademy.org](mailto:asantiago@guahanacademy.org)

### COMMUNITY ELIGIBILITY PROVISION NOTIFICATION LETTER TO THE HOUSEHOLD SCHOOL YEAR 2025-2026

Dear Parent or Guardian:

We are pleased to announce that **GUAHAN ACADEMY CHARTER SCHOOL** is now participating in the **Community Eligibility Provision (CEP)** for the **2025-2026** school year providing meals, regardless of eligibility, at **NO CHARGE** for all students. This program is available to schools that are participating in the School Breakfast Program or National School Lunch Program. This is made possible through the United States Department of Agriculture (USDA) Special Assistance Certification and Reimbursement Community Eligibility Provision.

No further action is required of you. Your child(ren) will be able to participate in these meal programs without paying a fee or submitting an application. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability.

All adults, e.g., visitors, teachers, support staff members, and administrators of the school must assume the full cost of the meal which is **\$3.24** for Breakfast and **\$5.52** for Lunch.

Should you have any questions, please contact Mr. Patrick Carlos, our Child Nutrition & Meals Coordinator at [cnp@guahanacademy.org](mailto:cnp@guahanacademy.org).

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin (including limited English proficiency), sex, age, disability, and reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotope, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY).

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at [AD-3027](#) (PDF, 351 KB), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Office of the Assistant Secretary for Civil Rights (OASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



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## MEAL PROGRAM

The contact information below is solely to file a complaint of discrimination.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**\*MAIL:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**FAX:**

(833) 256-1665 or (202) 690-7442; or

**EMAIL:**

program.intake@usda.gov

\*Do not mail applications

to this address, only complaints of discrimination.

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**(PARENT COPY)**