



# GUAHAN ACADEMY CHARTER SCHOOL

Building C and D Mariner Avenue, Tiyan, GU 96913

Phone #: 671-979-1065 ext. 2



Expected Schoolwide Learning Results

**GACS STUDENTS WILL BE:**

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

## REGISTRATION CHECKLIST

SCHOOL YEAR: 2022-2023

- 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

## 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: \_\_\_\_\_**

## GUAHAN ACADEMY MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.



# GUAHAN ACADEMY CHARTER SCHOOL

Building C and D Mariner Avenue, Tiyan, GU 96913

Phone #: 671-979-1065 ext. 2



Expected Schoolwide Learning Results

**GACS STUDENTS WILL BE:**

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

## STUDENT INFORMATION

SCHOOL YEAR: 2022-2023

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: \_\_\_\_\_

### GUAHAN ACADEMY MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.



# GUAHAN ACADEMY CHARTER SCHOOL

Building C and D Mariner Avenue, Tiyan, GU 96913

Phone #: 671-979-1065 ext. 2



Expected Schoolwide Learning Results

**GACS STUDENTS WILL BE:**

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

## HOME LANGUAGE SURVEY

SCHOOL YEAR: 2022-2023

1. What language did your son or daughter speak when he or she first began to talk? \_\_\_\_\_
2. What language does your son or daughter most frequently speak at home? \_\_\_\_\_
3. What language does your son or daughter most speak frequently with friends? \_\_\_\_\_
4. What language do you use most frequently to speak to your son or daughter? \_\_\_\_\_
5. Name the language(s) most often spoken by the adults at home. \_\_\_\_\_

I, \_\_\_\_\_, certify that the above statements made in the Home Language Survey are true and correct.

Parent/Legal Guardian: \_\_\_\_\_  
Print Name Signature Date

## TRANSPORTATION

Please draw a map below to best explain the location of your residence. This information may be shared with DPW for bus route planning purposes. You may also use the Blank Space on this form to draw the map as needed.

Physical/Home Address: \_\_\_\_\_

What is your child's Mode of Learning:  Face to Face Learning OR  Online

\*\*For Face to Face Instruction, please select your Child's Mode of Transportation below:

\_\_\_\_\_ Bus Rider OR \_\_\_\_\_ Car Rider

Will your child be attending the STARS Afterschool Program? Yes \_\_\_\_\_ No \_\_\_\_\_ \*Stars Registration form required.

## GUAHAN ACADEMY MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.



# GUAHAN ACADEMY CHARTER SCHOOL

Building C and D Mariner Avenue, Tiyan, GU 96913

Phone #: 671-979-1065 ext. 2



Expected Schoolwide Learning Results

**GACS STUDENTS WILL BE:**

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

## MEDIA CONSENT FORM

SCHOOL YEAR: 2022-2023

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, 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)	Parent/Legal Guardian Signature	Date
------------------------------------	---------------------------------	------

***This media consent form is effective for \_\_\_\_\_ until revoked by parent/guardian.***  
***(Print student's name)***

### GUAHAN ACADEMY MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.



# GUAHAN ACADEMY CHARTER SCHOOL

Building C and D Mariner Avenue, Tiyan, GU 96913

Phone #: 671-979-1065 ext. 2



Expected Schoolwide Learning Results

**GACS STUDENTS WILL BE:**

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

## STUDENT EMERGENCY CARD (To be COMPLETED by PARENTS or 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.

## PERSONNEL 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 \_\_\_\_

### GUAHAN ACADEMY MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.



# GUAHAN ACADEMY CHARTER SCHOOL

Building C and D Mariner Avenue, Tiyan, GU 96913

Phone #: 671-979-1065 ext. 2



Expected Schoolwide Learning Results

**GACS STUDENTS WILL BE:**

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

## HEALTH HISTORY

SCHOOL YEAR: 2022-2023

**ALLERGIES:** (Please indicate type of **ALLERGIES** and the student's **REACTION** below if **ANY**.)

- NO KNOWN Allergies
- Food: \_\_\_\_\_ Reaction: \_\_\_\_\_
- Drug: \_\_\_\_\_ Reaction: \_\_\_\_\_
- Bee Stings     Insect Bites    Reaction: \_\_\_\_\_
- Seasonal Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_
- Other NOT LISTED above: \_\_\_\_\_ Reaction: \_\_\_\_\_
- Used EpiPen for Reaction: Yes \_\_\_ No \_\_\_     UC or ER visit for reaction Yes \_\_\_ No \_\_\_

PLEASE (✓) CHECK MARK ALL THAT IS APPLICABLE TO YOUR CHILD.

YES	NO	MEDICAL PROBLEM	YES	NO	MEDICAL PROBLEM
		Rheumatic Fever			Mumps
		Diabetes			Measles
		Heart Disease			Tuberculosis
		Chicken Pox			Anemia

Please **EXPLAIN** if you answer **YES** to any of the questions **BELOW**.

YES	NO	MEDICAL PROBLEM
		Had Covid-19 Virus. Please specify date: _____
		Was exposed to Covid-19. Please specify date: _____
		Epilepsy (Seizures) - Date of Last Attack: _____
		Seizure due to High Fever - Date of Last Attack: _____ What was the Temp? _____
		Asthma - Date of Last Attack: _____ Uses: <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer <input type="checkbox"/> None
		Skin Problems - <input type="checkbox"/> Eczema <input type="checkbox"/> Other: _____
		Ear/Hearing Problem - Uses: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> None
		Vision Problem - Uses: <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses
		On Medication: Name of Medicine/s: _____
		Serious ILLNESS or INJURY: _____
		PHYSICAL or MENTAL Problems: _____
		Other MEDICAL PROBLEM not listed above: _____

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

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

Date: \_\_\_\_\_

**\*\*It is important to notify the SCHOOL HEALTH COUNSELOR or PRINCIPAL of any pertinent change in health status, temporary or otherwise. \*\***

### GUAHAN ACADEMY MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.



# GUAHAN ACADEMY CHARTER SCHOOL

Building C and D Mariner Avenue, Tiyan, GU 96913

Phone #: 671-979-1065 ext. 2



## Expected Schoolwide Learning Results

### GACS STUDENTS WILL BE:

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

**PHYSICAL EXAMINATION FORM** New Enrollment: \_\_\_ Entering Kinder: \_\_\_ Entering 6<sup>th</sup> Grade: \_\_\_ Entering 9<sup>th</sup> Grade: \_\_\_

**NOTE:** Other physical examination forms used by medical clinics may be used in lieu of this form. A copy of the Official Immunization Record must be attached with this Form or provided to GACS Staff upon submission.

<b>Student First Name</b>	<b>Student Last Name</b>	<b>Date of Birth</b>	<b>Village</b>
<b>Home Address:</b> _____			
<b>Mailing Address:</b> _____			
<b>Father/Guardian Name:</b> _____		<b>Mother/Guardian Name:</b> _____	

## PHYSICAL EXAMINATION RESULTS

**\*\*TO BE COMPLETED BY A MEDICAL PROFESSIONAL\*\***

HT: \_\_\_\_\_ WT: \_\_\_\_\_ T-P-R: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BP: \_\_\_\_\_ O2 Sat: \_\_\_\_\_

VISION	NEAR		FAR		Hearing	Left	Right
No Correction							
With Correction							

	NORMAL	ABNORMAL	NOT EXAMINED	DESCRIPTION OF ABNORMAL FINDINGS:
General Appearance				
Skin, Hair and Nails				
Eyes: External (Pupils, Cornea)				
Optic Fundus				
Muscle Balance				
Ears: External				
Optic Fundus				
Muscle Balance				
Nose, Mouth, Pharynx, Larynx				
Speech				
Teeth, Gums				
Neck, Lymph Nodes, Thyroid				
Cardiovascular				
Respiratory				
Gastro Intestinal				
Genito - Urinary				
Muscular Skeletal				
Scoliosis Screening				
Neurological Impressions				
Nutritional Status				
Other				

Diagnosis/Findings, Recommendations and Follow-up Plan: \_\_\_\_\_

This student may:  participate fully in school activities including physical education, interscholastic athletics & sports teams.  
 NOT participate fully in school activities, interscholastic athletics and sports teams. He is restricted from the initialed sports:

\_\_\_\_\_ Baseball    \_\_\_\_\_ Basketball    \_\_\_\_\_ Volleyball    \_\_\_\_\_ Football    \_\_\_\_\_ Soccer    \_\_\_\_\_ Tennis    \_\_\_\_\_ Golf  
 \_\_\_\_\_ Paddling    \_\_\_\_\_ Rugby    \_\_\_\_\_ Wrestling\*    \_\_\_\_\_ Cross Country    \_\_\_\_\_ Track and Field

\*Required for Wrestlers ONLY (must be completed by a physician/provider):  
 Current Weight (lbs.): \_\_\_\_\_ Safe Weight Range for Student to Wrestle (lbs. he can safely loss or gain): \_\_\_\_\_

<b>Signature of Licensed Examiner</b>	<b>Print Name of Examiner</b>	<b>Clinic</b>	<b>Date</b>
---------------------------------------	-------------------------------	---------------	-------------

## GUAHAN ACADEMY MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.



Dear Parents,

Welcome to SY 2022 - 2023 GACS is working hard to participate in the Child Nutrition Program. We submitted our application last May and as we patiently wait for our official acceptance from the State Agency, the CEO with the Board's approval decided to continue providing free and reduced-price meals to eligible families. We want to ensure that we assist your household the best we can, so please fill out the questionnaire below so we can determine your eligibility.

If you have filled out the same form prior to August 2022, please complete this questionnaire again and return to your child's homeroom teacher by Friday, August 26th. This is necessary to update our records.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Siblings: \_\_\_\_\_

1. How many people are in your household? \_\_\_\_\_
2. How many families live in your household? \_\_\_\_\_
3. Do any Household Members (including you) currently participate in one or more of the following assistance program: SNAP OR TANF? Yes \_\_\_\_\_ or No \_\_\_\_\_

If you checked yes, please provide case number:

4. If you checked no, please check the appropriate level of income pertaining to the family size and annual income. (When determining the family income, use the gross income for all persons employed for the past 12 months or the income claimed on the most recent tax filing. Income is to include welfare, unemployment, Social Security, pensions, alimony and child support.) Please remember that you must count the total income before deductions for all family members.

NOTE: If you answered "above" on column A, you must provide an answer for column B

Family Size	Annual Income A		Annual Income B	
2	( ) Above or ( ) Below	\$23,803	( ) Above or ( ) Below	\$33,874
3	( ) Above or ( ) Below	\$29,939	( ) Above or ( ) Below	\$42,606
4	( ) Above or ( ) Below	\$36,075	( ) Above or ( ) Below	\$51,338
5	( ) Above or ( ) Below	\$42,211	( ) Above or ( ) Below	\$60,070
6	( ) Above or ( ) Below	\$48,347	( ) Above or ( ) Below	\$68,802
7	( ) Above or ( ) Below	\$54,483	( ) Above or ( ) Below	\$77,534
8	( ) Above or ( ) Below	\$60,619	( ) Above or ( ) Below	\$86,265

(For each additional people in household please add \$6,136 to Column A and \$8,732 to column B)

I \_\_\_\_\_ certify that to the best of my knowledge the information provided is correct.  
Parent/Guardian Name (Print)

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

Please be assured that all information provided will remain confidential and will only be used to determine your child's eligibility for free or reduced meals. You will receive notification to inform you of your eligibility status.

Ms. Jiana M. Sanchez, Acting Principal

Ann M. Santiago  
Chief Executive Officer

GUAHAN ACADEMY MISSION STATEMENT

At Guahan Academy Charter School, our mission is to empower our students with proven educational practices and social support to be productive citizens in the community.