



GUAHAN ACADEMY CHARTER SCHOOL

Building C and D 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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Dear Parents/Guardians,

As we begin the SY _____, our staff would like to ensure that we assist your household the best we can. With that being said, we are in need of some information that will help us in providing your child's meals.

At this moment, we are currently not participating in the Child Nutrition Program; however, we are trying to provide assistance to families whose students are eligible for free/reduced lunch. In order to determine your eligibility, please complete the questions below and return it to the **Student Support Office** no later than _____.

Name of Student: _____ Grade: _____ School Year: _____

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 programs: **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	B
2	() Above or () Below \$22,412	() Above or () Below \$31,894
3	() Above or () Below \$28,236	() Above or () Below \$40,182
4	() Above or () Below \$34,060	() Above or () Below \$48,470
5	() Above or () Below \$39,884	() Above or () Below \$56,758
6	() Above or () Below \$45,708	() Above or () Below \$65,046
7	() Above or () Below \$51,532	() Above or () Below \$73,334
8	() Above or () Below \$57,356	() Above or () Below \$81,622
9	() Above or () Below \$63,180	() Above or () Below \$89,910
10	() Above or () Below \$69,004	() Above or () Below \$98,198

(For each additional person in household please add \$5,824 to Column A and \$8,288 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 eligibility for free or reduced meals.



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MEDIA CONSENT FORM

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. 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)*



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PHYSICAL EXAMINATION FORM New Enrollment: ___ Entering Kinder: ___ Entering 6th Grade: ___ Entering 9th 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.

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

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): _____

Signature of Licensed Examiner	Print Name of Examiner	Clinic	Date
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