



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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HOME LANGUAGE SURVEY

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

MODE OF TRANSPORTATION:

- Bus Rider
- Car Rider
- Walker

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.



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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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HEALTH HISTORY

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. ****



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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)
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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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
 initial 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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HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the Guam School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Ann Santiago at asantiago@guahanacademy.org, 671-979-1065.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST NAME OF STUDENT and GRADE LEVEL.

Print the child's name. Print the child's grade.

STEP 2: LIST NAME OF SIBLINGS, other children in the household, infants and students up to and including grade 12.

(OPTIONAL) Share children's racial and ethnic identities. On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

STEP 3: HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD?

How many members are in your household? They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;



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- Students attending **Guahan Academy Charter School**, regardless of age.

STEP 4: HOW MANY FAMILIES LIVE IN YOUR HOUSEHOLD?

STEP 5: DO ANY HOUSEHOLD MEMBERS (including you) currently participate in one or more of the following assistance programs: SNAP OR TANF CHECK MARK YES___ OR NO___

If you checked YES, please provide the case number in the box provided and proceed to **STEP 6**. If you participate in one of these programs and do not know the case number, contact: [DPHSS @ (671)735-7288].

If you checked NO, use the chart to determine your **ANNUAL HOUSEHOLD INCOME**.

- Check the appropriate level of income pertaining to the family size and annual income.
- Annual income is the total income received each year.
- Report all income in whole dollars. Do not include cents.
- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- If you answered or checked **"Above"** in **column A**, you must answer or put a check mark either **"Above"** or **"Below"** in **column B**.

STEP 6: ADULT SIGNATURE

1. **Print and sign your name and write today's date.**

2. **Submit completed form to:**

Guahan Academy Charter School

500 Mariner Drive Bldg C, D, E Tiyan Guam 96932



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MEAL PROGRAM

Dear Parents/Guardians,

As we begin the SY 2025- 2026, 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 **AUGUST 29, 2025**.

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

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 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

*Revised 07/09/25

FAMILY SIZE	ANNUAL INCOME A	ANNUAL INCOME B
2	() Above or () Below \$27,495	() Above or () Below \$39,128
3	() Above or () Below \$34,645	() Above or () Below \$49,303
4	() Above or () Below \$41,795	() Above or () Below \$59,478
5	() Above or () Below \$48,945	() Above or () Below \$69,653
6	() Above or () Below \$56,095	() Above or () Below \$79,828
7	() Above or () Below \$63,245	() Above or () Below \$90,003
8	() Above or () Below \$70,395	() Above or () Below \$100,178

(For each additional person in household please add \$7,150 to Column A and \$10,175 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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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.

This institution is an equal opportunity provider.

(PARENT COPY)



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MEAL PROGRAM

WAIVER OF CONFIDENTIALITY Sharing information with other Programs

Dear Parent/ Guardian:

To save you time, the information you gave on the Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. We must have your permission to share your information with the specific programs listed below. Returning this form will not change your meal status.

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with: _____

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with: _____

Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with: _____

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is Shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Patrick Carlos at (671) 979-1065 or email at pcarlos@guahanacademy.org

Return this form to: GUAHAN ACADEMY CHARTER SCHOOL by **August 29, 2025**