

*Hafa Adai & Welcome!*

**Pedro C. Lujan Elementary School  
Kindergarten & New Student to DOE  
Registration Packet**

**Student's Name:** \_\_\_\_\_

Last Name

First Name

Middle Initial

**Program Type:**

General Education Program:  Kinder  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

CHamoru Immersion Program (Faneyakan Sinipok)

Grade:  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

### Registration Checklist

<b>Student Name (Last, First, Middle Initial):</b>	
	<b>Date of Birth:</b>

The checklist is to guide schools on the registration process regarding the required documents. School officials must date and initial all the required documents that have been submitted by parent/guardian upon registration.

Administrative Office and/or Curriculum Office	Date Received	School Official Initial
1. Parent/Legal Guardian/Caretaker (under 18 years) Present		
2. Completed School Registration Forms		
3. Official Birth Certificate		
4. Parent/Legal Guardian/Caretaker Photo Identification		
5. Court Appointment Guardianship (if applicable)		
6. Official Transcript and Official Withdrawal <i>from previous school</i>		
7. Proof of Residency (select only one item needed) <ul style="list-style-type: none"> <li>a. ___ Mayor's Verification – names of parents/legal guardians and children; or</li> <li>b. ___ Copy of Mortgage Settlement/Deed to Property/Lease Agreement, Base Commander's Certification clearly showing complete home address; or</li> <li>c. ___ Utility Bill (Power, Water, Telephone); or</li> <li>d. ___ Living arrangements if staying with a family/friend – homeowner to provide a notarized letter; or</li> <li>e. ___ Deemed Homeless. (form from SPCE)</li> </ul>		
8. Program Placement: IEP/EAP, ESL (current) or Agency Letter of Placement (if applicable)		
School Health Counselor Office	Date Received	School Official Initial
1. Immunization Record (Title 10 GCA § 3322) – current and copy for submittal		
2. Tuberculosis Requirement (Title 10 GCA § 3329)		
3. Physical Examination or <i>Appointment Card</i>		
4. Emergency Form		

**Student Demographics**

Student Name: \_\_\_\_\_

Last Name, First Name, Middle Initial

Place of Birth: \_\_\_\_\_

Circle One: Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year U.S. Territory/State/Other Country

Male or Female \_\_\_\_\_

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

House # Street Name Village Zip Code

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

P.O. Box Village Zip Code

**Student resides with: (Check all that applies)**

- P Parents  M Mother Only  F Father Only
- GP Grandparents  GM Grandmother  GF Grandfather  G Guardian

**School History: (Select one of the following)**

1.  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
2.  For all other students, please indicate name and address of last school attended:

\_\_\_\_\_  
Name of School Address of School

**Student Placement: Please check (V) the service/s your child is receiving or has received –**

- Special Education Services  Section 504 Accommodations
- English as a Second Language  Individualized Health Plan
- Other: \_\_\_\_\_  None

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

**E1: Original Entry/First-Time Entry**  
Completed registration for a first-time student enrollment to GDOE. (Used primarily by elementary schools.)

**R3: Entry/Re-Entry from Guam non-public school** Completed registration process for a student from a Guam non-public school (private/non-profit, charter, DODEA).

**R5: Re-Entry from Another Guam School After Withdrawal or Expulsion**  
Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from another GDOE school.

**R6: Re-Entry To Same School After Withdrawal or Expulsion**  
Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from the same GDOE school.

**R2: Entry/Re-Entry from another GDOE school**  
Completed registration process for a student from another GDOE school.

**R4: Entry/Re-Entry from an off-island school** Completed registration process for a student from an off-island school.

**R5: Re-Entry from Another Guam School After Withdrawal or Expulsion**  
Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from another GDOE school.

**R8: Re-Entry From Alternative Program School**  
Completed registration process of a student who have been attending another learning institution (Alternative School, Department of Youth Affairs/ Sagan Manhomlo (Drug and Alcohol Program) / Rays of Hope).

**R10: Re-Entry From Home School**  
Completed registration of a student who has been attending home school.

**Father or Guardian and/or Caretaker Information:**

Name: \_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_ Home Phone Number Mobile Phone Number Email Address

Place of Employment: \_\_\_\_\_ 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:**

Name: \_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_ Home Phone Number Mobile Phone Number Email Address

Place of Employment: \_\_\_\_\_ 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

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

**Guam Department of Education  
HOME LANGUAGE SURVEY**

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

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 **ong** 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	Other Language:

2. What language does your son or daughter most frequently speak at home?

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	Palauan
20 English	Mandarin	Carolinian	Pohnpeian
32 Ilocano	Cantonese	Chuukese	Yapese
35 Tagalog	45 Other Chinese Lang.	Kosraean	80 Japanese
37 Visayan	50 Korean	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	Palauan
20 English	Mandarin	Carolinian	Pohnpeian
32 Ilocano	Cantonese	Chuukese	Yapese
35 Tagalog	45 Other Chinese Lang.	Kosraean	80 Japanese
37 Visayan	50 Korean	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	Palauan
20 English	Mandarin	Carolinian	Pohnpeian
32 Ilocano	Cantonese	Chuukese	Yapese
35 Tagalog	45 Other Chinese Lang.	Kosraean	80 Japanese
37 Visayan	50 Korean	Marshallese	99 Other Language:

5. Name the language(s) most often spoken by adults at home.

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	Palauan
20 English	Mandarin	Carolinian	Pohnpeian
32 Ilocano	Cantonese	Chuukese	Yapese
35 Tagalog	45 Other Chinese Lang.	Kosraean	80 Japanese
37 Visayan	50 Korean	Marshallese	99 Other Language:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

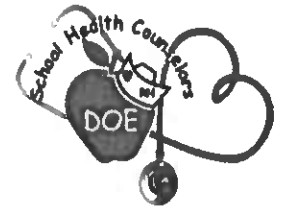
Should a school determine a student language is other than English, the school registrar must refer the student and parent/guardian to the ESL Coordinator and Guam ESL Procedural Manual. This form must be attached to the PEP form in the cumulative folder. This form was taken from the revised version on 12/18 – Curriculum & Instruction

## Ethnicity and Race Identification

<b>Section 1: The following two (2) tables pertain to the student for statistical purposes.</b>					
<b>Citizenship: (Circle one)</b>					
1	US Citizen	5	FSM Citizen		
2	CNMI Citizen	6	Marshallese Citizen		
3	Permanent Resident Alien (Green Card)	7	Belauan Citizen		
4	I-20/Foreign Student/F-Visa	8	H-4 Visa		
<b>Ethnic Background: (Circle one)</b>					
A	Chamorro	G	Korean	P	Vietnamese
AR	Rota	H	Hawaiian	Q	Hispanic
AS	Saipan	I	Samoa	R	American Indian/ Alaskan Native
AT	Tinian	J	Kosraean	S	Indonesian
B	Filipino	K	Pohnpeian	T	Other Pacific Islander
C	White (Non-Hispanic)	L	Chuukese	U	Mixed
D	African American	M	Yapese		Other
E	Japanese	N	Marshallese		
F	Chinese	O	Belauan		
<b>Race: (Circle one)</b>					
AM	American Indian or Alaskan Native (R)	AS	Asian (B) (E) (F) (G) (P) (S)		
BL	Black or African American (D)	HI	Hispanic or Latino (Q)		
HP	Native Hawaiian or Other Pacific Islander (A) (AR) (AS) (AT) (H) (I) (J) (K) (L) (M) (N) (O) (T)	MR	Other Ethnic/Mixed Categories (U)		
WH	White (Non-Hispanic) (C)				
<b>Section 2: The following information below pertains to the parent/guardian with whom the student is living with upon registration.</b>					
<b>Federal Status: (Circle one)</b>					
A	Navy (Military)	H	Coast Guard (Civilian)	M	All Others
B	Navy (Civilian)	I	Marine Corps (Military)	N	Reserves (Inactive/PT)
C	Air Force (Military)	J	Marine Corps (Civilian)	O	National Guard (Inactive/Part-Time)
E	Army (Military)	K	Other Federal Agencies	P	Retried Military
F	Army (Civilian)	L	Student I-20	Q	Active Reserves/National Guard
G	Coast Guard (Military)				
<b>Living Status: (Circle one)</b>					
1	Live and Work on Federal Property	3	Live on Federal Property Low Cost Housing		
2	Work on Federal Property	4	None-Federally Connected		



# DEPARTMENT OF EDUCATION EMERGENCY INFORMATION & HEALTH FORM SY: 2024 - 2024



Student: \_\_\_\_\_ School: P.C. LUJAN ES  
*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:  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 <input type="checkbox"/> Eczema <input type="checkbox"/> Other:
		Seizures <span style="float: right;">Date of Last seizure:</span>
		Hearing Problem <span style="float: right;">Hearing Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Vision Problem <input type="checkbox"/> Glasses or <input type="checkbox"/> Contact Lenses
		Asthma <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer Date of Last asthma attack:
		Allergy to: <input type="checkbox"/> Food <input type="checkbox"/> Drugs <input type="checkbox"/> Other, specify:
		Allergy to: <input type="checkbox"/> Bee Sting <input type="checkbox"/> Insect <span style="float: right;">Type of reaction:</span>
		Epipen <input type="checkbox"/> Yes <input type="checkbox"/> No
		Current Medication(s): <span style="float: right;">Reason:</span>
		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			





DEPARTMENT OF EDUCATION  
**PEDRO C. LUJAN ELEMENTARY SCHOOL**  
 387 East Route 8 Radio Barrigada  
 Barrigada, Guam 96921  
**Telephone: (671)300-2905/6**  
**Website: www.pclujanelementary**



**Beth N. Perez**  
**Acting Principal**

Dear Parents/Guardians,

*Hafa Adai!* Every school year, parents/guardians are reminded of DOE's Education and Technology Use Policy and the Media Release form. Please review, sign and return this back to your child's teacher. Feel free to contact me should further inquiries arise at (671)300-2901.

Thank you.

  
 Beth N. Perez  
 Acting Principal

**EDUCATION TECHNOLOGY USE POLICY**

Students utilizing DOE Issued devices or accessing the school's internet access are not to engage in any illegal, prohibited, immoral and/or unethical activity while using DOE issued devices or accessing the school's internet. Violation will result in disciplinary action such as suspension, expulsion, access privilege revoked and/or legal or criminal actions. Accessing the school's internet is solely for educational purposes. I give my child permission to utilize the school's resources and understand that GDOE has taken reasonable steps to control access, but can't guarantee that all controversial information will be inaccessible to student users.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Rm #: \_\_\_\_\_

I will allow my child to have access to DOE issued devices/internet in the classroom under the supervision of the teacher for classroom assignments/projects/research etc.,

I will not allow my child to access DOE issued devices/internet in the classroom.

**Media Release Form**

In capturing our school events and promoting school pride, we would like to capture our students engaged in learning activities, assemblies, competitions, field trips etc., therefore we seek your permission to take your child's photo to post on social media, our Accreditation reports, newsletters and local news outlets.

Yes, I agree to the Media Release consent.

No, I do not agree to the Media Release consent at this time.

\_\_\_\_\_  
 Parent/Guardian's Name Print

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Mission: The students, parents, staff and community of Pedro C. Lujan Elementary are working partners in providing a nurturing, child-friendly environment and the best education possible to ensure success for all children.

*Accredited by the Western Association of Colleges and Schools (WASC) 2028*

**Student Record Request**

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

**To: School Registrar**

\_\_\_\_\_  
**Name of Previous School**

\_\_\_\_\_  
**Address/City/State/Zip Code**

**Subject: Request for Student Record**

**This is a written request for the official student record for student:**

**Name of Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

The student has enrolled at \_\_\_\_\_ on \_\_\_\_\_.  
Name of School Date

**Please send the complete transcript record, cumulative folder, test results, health record, or other information which will help determine his/her placement at the school. Should you have any questions, please call \_\_\_\_\_.**

**Thank you.**

**Sincerely,**

\_\_\_\_\_  
**School Administrator/School Registrar**

## 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. The call out boxes to the right of each section are intended to provide a brief explanation.

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. Please have your child return the document to his/her school. If you have any questions or need assistance, please contact your school directly. Thank you for your assistance.

Student First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Send notices to both parents/guardians: YES  NO  (only fill out name of parent/guardian to receive).

Mother/Guardian First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Father/Guardian First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

<b>General Announcement Message Category</b> (e.g., student bulletin, etc.) (Check each box you want)		<b>****For General Announcements ONLY, there are three (3) optional methods for sending out notifications; text, email, and voice calls to home or cellular. All three (3) methods will be used, unless otherwise specified.</b>
Text Messaging:	<input type="checkbox"/>	
Phone Call (Cellular):	<input type="checkbox"/>	
Phone Call (Home):	<input type="checkbox"/>	
Email:	<input type="checkbox"/>	
<b>Contact Field</b>		<b>**** The blank fields to the left are very important for the notifications to work successfully. Please provide current contact numbers for each field that applies. Phone numbers need to include area code plus number (e.g., 6714821267). Email addresses should be printed legibly. Please provide as much information as possible to increase success of electronic messages being received.</b>
Field	Information	
Home phone		
Mother/Guardian Cell Phone		
Father/Guardian Cell Phone		
Mother/Guardian Email		
Father/Guardian Email		



**DEPARTMENT OF EDUCATION**  
**STUDENT SUPPORT SERVICES DIVISION**  
 501 Mariner Ave., Barrigada, Guam 96913  
 Telephone: (671) 300-1623/1624  
 Email: [cjanderson@gdoe.net](mailto:cjanderson@gdoe.net)



## TRUANCY PREVENTION NOTICE TO PARENTS

To the parents of \_\_\_\_\_, our records at \_\_\_\_\_

Name of Student

Name of School

Indicates that your child has accumulated \_\_\_\_\_ days of unexcused absences. It is your duty and responsibility to ensure your child attends school daily. If your child continues to incur more unexcused absences to the extent it reaches twelve (12) days, your child will be referred to the Family Court of Guam for truancy as required by law. Please review below the **GUAM ATTENDANCE LAW, TITLE 17 GUAM CODE ANNOTATED (GCA)**:

**Section 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 reach the age of eighteen (18) years of age, 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 notreachedthe age of 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.

**Section 6401 (c) Truant**

"Truant" means a pupil found to be absent from school without a reasonable and bona fide excuse from a parent.

**Section 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 pupil's school shall request the Superintendent to file a petition concerning such habitual truant in the Family Court of the Superior Court of Guam.

Should you have any questions regarding this matter, please feel free to contact our off at:

\_\_\_\_\_.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Name (Print)

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Attendance Officer/Resource Officer Name