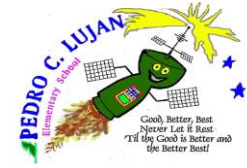




DEPARTMENT OF EDUCATION
PEDRO C. LUJAN ELEMENTARY SCHOOL
 387 East Route 8 Radio Barrigada
 Barrigada, Guam 96921
 Telephone: (671)300-2905/6



K. Erik Swanson, Ph.D.
 Superintendent of Education

Beth N .Perez
 Principal

P.C. LUJAN ELEMENTARY SCHOOL SUMMER SCHOOL REGISTRATION FORM

Håfa Adai! We are pleased to inform you that we will be offering summer school from **June 10 – July 19, 2024** (Monday -Thursday only) from **7:30am-12noon**. Designated bus stops will be available for student pick up/drop off (list will be forthcoming), therefore you may drop your child to those bus stops, otherwise your child will have to be a car rider.

Instructions: This form must be completed and submitted to your child’s school by **April 26, 2024** You must submit one form for each child to his/her respective school.

DEMOGRAPHICS				
Student’s Last Name:		Student’s First Name:		Middle Initial
Current Grade Level:	Date of Birth:	Physical Address:		
Mode of Transportation: <input type="checkbox"/> Bus Rider <input type="checkbox"/> Car Rider <input type="checkbox"/> Walker		For Bus Riders Only, please indicate your bus stop/ pick up area.		
Mother’s Last Name, First Name:		Home Phone #:	Cell #:	
Father’s Last Name, First Name:		Home Phone #:	Cell #:	
[] I am the parent/guardian registering this student.		[] I am the assigned Social Worker registering this student.		
		Name:	Contact #:	

MEDICAL INFORMATION	
Does your child have any medical issues? YES NO	Is your child currently taking any medication? YES NO
Please describe any medical issues:	Please list the medication currently taking. Also indicate the time medication is taken.
Medical Insurance	Physician or Clinic

AUTHORIZED INDIVIDUALS TO PICK UP MY CHILD	
Name: (First, Last Name)	Contact #: Relationship to Student:
Name: (First, Last Name)	Contact #: Relationship to Student:

Please note: Students may be removed from attending summer school should they incur a major violation that jeopardizes their safety and the safety of others.

Thank you for your continued support and partnership.

Beth N. Perez
PCLES Principal

I am aware of the summer school information indicated above.

Parent/Guardian Signature

Date