



SUMMER SCHOOL REGISTRATION FORM

SCHOOL YEAR 20-21



Buenas yan Håfa Adai! The Guam Department of Education (GDOE) will be holding summer school for all students, from June 7 – July 16, 2021. In order for each school to adequately prepare a master schedule, all students who would like participate in Summer School for SY 2020-2021 will need to submit a Summer School Registration Form to their district school in which they are registered. **NOTE: There will be two models of instruction, Face to Face and Online. More information will follow.**

Summer School is administered by the Guam Department of Education (GDOE) – Federal Programs Division/ Grants Office and funded by the U.S. Department of Education – Consolidated Grant to the Outlying Areas.

Instructions: This form must be completed and submitted to your child’s school by **Friday, May 7, 2021**. You must submit one form for each child to his/her respective school.

DEMOGRAPHICS			
Student’s Last Name	Student’s First Name	Middle Initial	
Person completing this form: (Please Print: Last Name, First Name)		I am: (Check one) <input type="checkbox"/> Parent / Legal Guardian <input type="checkbox"/> Student (18yrs or older) <input type="checkbox"/> Agency:	
School	Date of Birth	Grade Level	
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.	
Parent/Guardian’s Last Name, First Name:		Parent’s Email Address	
Physical Address:			
Contact Number(s)			
Home:		Work:	Cell:
<i>For Charter School/ Private Non Public Students Only. Please indicate the school you will be registering for Summer School</i>			

MODEL OF LEARNING INFORMATION	
PLEASE SELECT THE MODEL OF INSTRUCTION YOU WOULD LIKE TO PARTICIPATE IN. <input type="checkbox"/> Face to Face Instruction <input type="checkbox"/> Online Instruction	PLEASE INDICATED IF YOUR CHILD REQUIRES A LAPTOP FOR SUMMER SCHOOL? <input type="checkbox"/> NO <input type="checkbox"/> YES

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

FOR HIGH SCHOOL STUDENTS ONLY

Graduation Year:

Anticipated graduation date

June 2021 Summer 2021

Course Section

Please list below the courses/ subject you need to earn credit. Each session a student can earn 0.5 credit. Please note that at time not all courses may be offered.

	Name of Course/ Subject	Alternative Course/ Subject
1.		
2.		
3.		
4.		

Parent/Guardian Signature: _____ Date: ___/___/___

For Official Use Only:

Received by School Personnel:

Date: ___/___/___

Time: _____

COMMENTS: _____
