



Guam Department of Education M.U. Lujan Elementary School

Registration Checklist

Kindergarten Registration: Child must be 5 years old by July 31st.

First Grade Registration: If child attended a private school for kindergarten, must provide proof of promotion.

Student's Name: _____ D.O.B.: _____ Grade: _____

1. () **Up-to-date Immunization Record**

DTaP/DTP/DT/Td – (4-5 doses: at least one dose after 4th birthday & 6 months from previous dose)

OR TD (if child is 7 years or older)

Polio – (3-4 doses)

Measles/Mumps/Rubella (MMR) – (2 doses: both after 1st birthday)

Hepatitis B – (3 doses)

2. () **Updated PPD (TB skin test)** TB requirements in accordance with Title 10 GCA 3329

Current skin test result within 1 year of registration for student from the U.S. or its territories, OR 6 months for students entering from non-U.S. areas.

*****NOTE:** If results are positive, must obtain a "TB Evaluation Clearance Form" from Public Health, Mangilao before registration is completed. (Communicable Disease Center 735-7135)

3. () **Physical Exam** (For Kindergarten and all new students)

Within 1 year of registration. Pending appointment card accepted.

4. () **Official Birth Certificate** (Original)

5. () **Parent/guardian current photo identification**

6. () **Legal Documents** (if applicable)

___ Guardians must provide copy of signed Court Order or Notorized original Guardianship documents.

___ Caretakers must fill out "STUDENT REGISTRATION BY CARETAKER FORM". Must provide Notorized Power of Attorney for educational and medical decisions within 30 days of registration.

7. () **Proof of residency (ONLY one):**

- o Mayor's verification – names of parents/legal guardians and children; **or**
- o Copy of Mortgage Settlement/Deed to Property/Rental Lease Agreement/Base Commander's Certification clearly showing the complete home address; **or**
- o Utility Bill (power, water, or telephone); **or**
- o Living arrangements if staying with a family/friend – homeowner to provide a notarized letter

8. () **Withdrawal/Transfer Form from previous school**

- ***Must include the following: ___ Withdrawal Form
 ___ Updated Report Card / Progress Report
 ___ Health Profile
 ___ ESL Second Language Form

*****OFFICIAL USE ONLY*****

Last Previous School Attended: _____

Date Requested 1st Request _____ 2nd Request _____ 3rd Request _____ 4th Request _____

Notes: _____

OFFICE USE ONLY
 ___ WALKER
 ___ CAR RIDER
 ___ BUS RIDER:
 Area: _____

OFFICE USE ONLY
 HOMEROOM: _____
 Chamorro Teacher: _____
 Selected MOL: _____

DEPARTMENT OF EDUCATION
M.U. Lujan Elementary School
STUDENT REGISTRATION FORM
 (Please PRINT clearly in all entries)

DATE: _____

(Please circle one code)

ENTRY CODES

- | | |
|--|---|
| 1 ORIGINAL ENTRY (only first time Kindergarten) | 3 FROM A NON-PUBLIC SCHOOL OF GUAM |
| 2 FROM ANOTHER PUBLIC SCHOOL ON GUAM | 4 FROM A SCHOOL OFF-ISLAND |

Name _____ Gender (M or F) Date of Birth _____ Grade _____
 Last First MI

Place of Birth: _____ Tel. # _____ Cell # _____ Work # _____

Home Address: _____
 House # Street Name Village

Mailing Address: _____
 House # Street Name Village Zip Code

NAME OF PERSON STUDENT RESIDES WITH: _____

Father Name: _____	Mother's Name: _____
Employer: _____ Work #: _____	Employer: _____
Home #: _____ Cell #: _____	Home #: _____ Cell #: _____
Email: _____	Email: _____

PREVIOUS SCHOOL (circle one)

- | | | |
|---|--|--|
| 3001 Agana Heights Elem. | 3023 D.L. Perez Elem. | 96 Dominican School |
| 3002 Marcial A. Sablan Elem. | 3024 Chief Brodie Mem. Elem. | 50 Yap |
| 3003 B.P. Carbullido Elem. | 3025 Astumbo Elem. | 63 Chuuk |
| 3004 C.L. Taitano Elem. | 3027 Machananao Elem. | 69 Rota |
| 3006 Finegayan Elem. | 3028 Liguán Elem. | 70 Tinian |
| 3007 H.S. Truman Elem. | 3029 Adacao Elem. | 72 Philippines |
| 3008 J.M. Guerrero Elem. | 76 Headstart _____ | 80 Pohnpei |
| 3009 Inarajan Elem. | 52 Bishop Baumgartner | 81 Marshalls |
| 3011 J.Q. San Miguel Elem. | 55 Guam Adventist Academy | 82 Kosrae |
| 3012 L.B.J. Elem. | 58 St. Johns | 83 Belau |
| 3013 Maria Ulloa Elem. | 64 San Vicente | 84 Saipan |
| 3014 M.U. Lujan Elem. | 65 Santa Barbara | 59 Department of Defense School |
| 3015 Merizo Martyrs Memorial Elem. | 66 St. Anthony | 60 International School |
| 3016 Ordó-Chalan Pago Elem. | 67 St. Francis | 61 Foreign School |
| 3017 P.C. Lujan Elem. | 71 Harvest Christian | 73 Home Study |
| 3018 H.B. Price Elem. | 74 Mt. Carmel | 89 Mainland Elem. School |
| 3019 Talofofó Elem. | 85 Trinity Christian | _____ |
| 3020 Tamuning Elem. | 86 Temple Baptist Elem. | _____ |
| 3021 Upi Elem. | 88 Evangelical Christian Academy | Other: _____ |
| 3022 Wettengel Elem. | 90 Southern Evangelical Christian Academy | _____ |

PLEASE CIRCLE WHERE YOU LIVE

Other: _____ (Out of District – Must have Principal’s approval)

ETHNIC BACKGROUND (needed for statistical purposes) (Circle only one)

- | | | | |
|-----------------------------|-------------------|----------------------|--------------------------|
| A Chamorro | E Japanese | K Pohnpeian | Q Hispanic |
| AR Rota | F Chinese | L Chuukese | R American Indian |
| AT Tinian | G Korean | M Yapese | Alaskan Native |
| AS Saipan | H Hawaiian | N Marshallese | S Indonesian |
| B Filipino | I Samoan | O Belauan | T Other Pacific |
| C White-Non Hispanic | J Kosraean | P Vietnamese | Islander (Fijian...) |
| | | | U Others (Mixed) |

The following information pertains to the parent/guardian with whom the student was living on the last Tuesday of September of this school year or who is stationed elsewhere.

FEDERAL STATUS (circle only one)

- | | | |
|-------------------------------|----------------------------------|--|
| A Navy (Military) | G Coast Guard (Military) | M All Others |
| B Navy (Civilian) | H Coast Guard (Civilian) | N Reserve (Inactive/Part Time) |
| C Air Force (Military) | I Marine Corp. (Military) | O National Guard (Inactive/Part Time) |
| D Air Force (Civilian) | J Marine Corp. (Civilian) | Q Active Reserve/National Guard |
| E Army (Military) | K Other Federal Agencies | P Retired Military |
| F Army (Civilian) | L Student I-20 | |

LIVING STATUS (circle only one)

- | | |
|--|---|
| 1 Live and Work on Federal Property | 3 Live on Federal Property (includes low-cost housing) |
| 2 Work on Federal Property | 4 Non-Federally Connected |

ALIEN STATUS (circle only one)

- | | |
|--|------------------------------|
| 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-1 VISA | |

HOME LANGUAGE SURVEY
School: M.U. LUJAN ELEMENTARY SCHOOL

Student's Name			Date of Birth	Grade
_____			_____	_____
Last	First	MI		

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 one 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 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language: _____

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

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 Kosrean	80 Japanese
37 Visayan	50 Korean	74 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	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 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language: _____

4. What language do you use most frequently speak to your son or daughter?

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 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language: _____

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

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 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language: _____

Signature of Parent or Guardian

Date



GUAM DEPARTMENT OF EDUCATION

M.U. Lujan Elementary School

www.mulujanelementaryschool.weebly.com
501 Mariner Avenue, Barrigada Guam 96913-1608
Telephone: (671)789-1535



K. ERIK SWANSON, PH. D
Superintendent of Education

Natasha A. Dela Cruz, Principal
Silvino U. Quinene, Assistant Principal

Notice to Parent or Guardian

Title 17 Guam Code Annotated (Education) states in part:

§ 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 reached the age eighteen (18) years, 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 not reached the age 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.

§ 6401, (c) Truant.

“Truant” means a pupil found to be absent from school without a bona fide excuse from a parent.

§ 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 pupils school shall request the Superintendent to file a petition concerning such habitual truant in the Family Court of Guam.

§ 6403. Attendance Officer.

The Superintendent *shall* appoint employees of the Department of Education, as Attendance Officers. The Attendance Officers, any peace officers, principal, or dean may take into custody during school hours without warrant, any truant found away from the truant’s home and who has been reported truant. For the purposes of Title 10 GCA, Chapter 55, §55102, Attendance Officers are *not* classified as public safety and law enforcement officers.

ACKNOWLEDGEMENT RECEIPT:

Signature of Parent/Legal Guardian _____



Attendance Officer
Student Support Services

Date

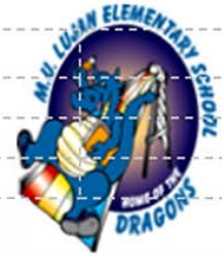
Student’s Name: _____ Grade: _____ Homeroom: _____

GUAM DEPARTMENT OF EDUCATION

M.U. Lujan Elementary School

www.mulujanelementaryschool.weebly.com

501 Mariner Avenue, Barrigada Guam 96913-1608



AFTER SCHOOL TRANSPORTATION FORM

Student Name: _____ Grade: _____ Rm #: _____ Teacher: _____

Street Name: _____

Car Rider Walker Bus Rider (Please identify the Street/ Bus Stop that your Child will be getting of at:)

Please check only one:

PEACE MARKET

- As Agüero Rd
- Jesus Taisipic Ct
- Joseph M Eustaquio
- Jose T Pangelinan St
- Ramon Toves St
- Ramon S Baza st
- JT Taisipic Ct
- Francisco B Pangelinan St
- As Andie Rd
- Jesus Cruz
- PM Toves

WINDWARD HILLS BUS

- Windward Hills Apt
- Laguna Circle
- Carabao Lane
- Chalan Saduc
- Iyona Drive
- Sabana Drive
- Sayama/Camachile

ROMAR BUS

- Artemio A Cruz St
- Jose C Rojas Circle
- Juan Pangelinan St
- James E. Violé Ct

MANENGEN BUS

- Pedro Balajadia Rd
- Balajadia Rd
- Beatric Baza Rd
- Chalan Antonio Rd
- Mesa Rd
- Peneglo Rd
- Chalan B arcinas Rd
- Bernardo Rd
- Chalan Ayuyu
- Chalan Familian Mc Donald
- Juan Cruz Rd
- Jesus Cruz Rd
- Ylig

BAZA GARDENS BUS

- Tun Ramon Baza Rd
- Beatric Ln
- Flores Rosa Street
- Pagua Drive
- Maleyuc Drive
- Kristia Ln
- Nenita Way
- Margarita St
- Lourdes St
- Othelia Ct
- Calle de Silencio

ASNAMO BUS

- Munoz St.
- As Quifunas Rd
- As Taisipic Rd
- As bastion Rd
- Guerrero Rd
- Cinda's
- Tagachang Rd
- Vincente S. Baza
- Balajadia Apt
- Chalan Ayuyu
- Jose Q. Pangelinan
- Jose B. Atiogüe Ct
- S&N Jesus Quichocho Ct
- Day Care/St. Francis

INNER CAMPWTEK

- Tora Lane
- Tila Lane
- Inner/Outer Cruz
- As Ramon Rd
- Jose Eustaquio
- Jose B. Sudo
- Jose Salolan Ct
- Jose Terlaje Ct
- RB Quitaro St.
- Anthon M. Blas

PUIANTAT 1

- Tibad Rd
- Perez Rd
- As Vicente Camacho Rd.
- Tomas Blas St
- As Manibusan Rd
- Puiantat Rd
- Chalan Teleforo

PUIANTAT 2

- Sister Mary Eucharita Dr
- Thomas Quichocho
- Willy's Mountain Rd
- Toves Rd
- Demetno Toves Rd
- Dollie Rd
- As Sulio Rd
- As Kukuri
- As Cepeda Rd
- Pedro Camacho Rd
- N Antonio Toves Ct
- Francisco C Cruz
- Serafin Mafnas
- Fr Alvin
- Mijin Store

***Note** Out of District is automatically a car rider

Please list siblings: _____

NOTE: M.U. Lujan Elementary School will not be accepting/enter taining any phone calls regarding after school transportation. Students would be dropped to the closes bus stop near to residence. No bus changes would be accepted due to Covid Social Distance capacity in the bus.

Authorized persons must be 18 years of age and provide a valid identification card upon pick up/sign out the student.

Parent Name: _____ Parent's Signature: _____ Date: _____



**Department of Education
PHYSICAL EXAM FORM
ELEMENTARY STUDENTS**



School: _____

Student:		DOB:	
Male	Female	Grade:	HR:
Home Address:			
Father/Guardian:		Mother/Guardian:	
Place of work:		Place of work:	
Phone: Home:	Work:	Phone: Home:	Work:
Cell:		Cell:	
Email:		Email:	

**PART I:
IMMUNIZATION AND TB STATUS**

A copy of the **Official Immunization Record** must be attached. Record must indicate the specific immunizations and results of a **TB Skin Test** and date on which they were received. Please refer to **Board Policy 337** or SOP 1700-009.

THIS PORTION TO BE COMPLETED BY PARENTS (before appointment)

HEALTH HISTORY (Please indicate age and/or year on past and current medical conditions):

1.	Anemia	9.	Heart Disease
2.	Asthma	10.	Hernia
3.	Chickenpox	11.	Mumps
4.	Convulsions/Seizure	12.	Rheumatic Fever
5.	Diabetes	13.	Skin Disorder
6.	Measles	14.	Tuberculosis
7.	Hay Fever	15.	Vision
8.	Hearing	16.	Other

Please complete and provide additional information at the back:

17.	Head Injuries:	Yes	No	Year:	Results:
18.	Previous hospitalization:	Yes	No	Year:	Results:
19.	Allergies: Yes No (please list) : Any specific reaction(s):				
20.	Currently taking medication: Yes No				
	Name of medication(s):				
	Reason/Diagnosis:				
21.	Special medical needs:	Yes	No (specify):		
22.	Disability:	Yes	No (specify):		
23.	Prosthesis:	Yes	No (specify):		
24.	Glasses:	Yes	No (specify):		
25.	Hearing Aid:	Yes	No (specify):		
26.	Has the student ever stopped exercising because of dizziness or passing out during exercise? Yes No				
27.	Does the student have asthma (wheezing), hay fever or coughing spells after exercise? Yes No				
28.	Has the student ever had a broken bone, had to wear a cast, or had an injury to any joint? Yes No				
29.	Does the student have a history of concussion (getting knocked out)? Yes No				

30.	Has the student ever suffered a heat-related illness (heat stroke)? Yes No
31.	Does the student have a chronic illness or see a doctor regularly for any particular problem? Yes No
32.	Any medical reason why this child should NOT participate in Physical Education or related activities? Yes No
Please give details on any “Yes” answer(s) from the above health history.	

NOTE: It is important to notify the School Health Counselor or School Administrator of any changes in the health status of this student.

Parent/Guardian Print & Signature

Date

Name: _____
DOB: _____



PART II:

PHYSICAL EXAMINATION (TO BE COMPLETED BY HEALTH CARE PRACTITIONER):

T-P-R-BP: _____ / _____ / _____ / _____

Height: _____ Vision: Right 20/_____ Corrected: Yes No Hearing: Right _____

Weight: _____ BMI: _____ Left 20/_____ Contacts: Yes No Left _____

Complete Each Item Below	Normal		Describe Findings if Abnormal or Reason for not Examining
	Yes	No	
General appearance			
Skin			
Hair			
Nails			
Eyes: External (Pupil/Cornea)			
Optic Fundus			
Auditory Acuity			
Muscle Balance			
Ears: External			
Auditory Acuity			
Tympanic Membrane			
Nose			
Mouth			
Pharynx			
Larynx			
Speech			
Teeth/Gums			
Neck/Lymph/larynx			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Genital-Urinary			
Muscular Skeletal			
Scoliosis Screening			
Neurological Impressions			
Nutritional Status			
Behavior during Examination			
Other			

Name: _____
DOB: _____

PART III: LABORATORY TESTING (If Required)

Hemoglobin: _____ Date: _____ Hematocrit: _____ Date: _____
Other Test: _____ Result: _____ Date: _____

This child is physically fit to participate in physical education and/or athletic events and related activities.
Yes No

Diagnosis/Findings	Treatment	Follow up plan

Name of Health Care Provider (Print) Signature Date

Clinic Name & Phone Number



DEPARTMENT OF EDUCATION EMERGENCY INFORMATION & HEALTH FORM SY: 20__ - 20__



Student: _____ **School:** _____
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 Eczema Other:
		Seizures Date of Last seizure:
		Hearing Problem Hearing Aid: Yes No
		Vision Problem Glasses or Contact Lenses
		Asthma Inhaler Nebulizer Date of Last asthma attack:
		Allergy to: Food Drugs Other, specify:
		Allergy to: Bee Sting Insect Type of reaction:
		Epipen Yes No
		Current Medication(s): Reason:
		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			