



DEPARTMENT OF EDUCATION
Classroom Supports & Academic Interventions (CSAI) Project
After School Program for Instructional Remediation & Enrichment
(ASPIRE)
School Year 2022-2023



REGISTRATION FORM –FINEGAYAN ELEMENTARY SCHOOL

Return this form to the student's Homeroom Teacher by SEPTEMBER 22, 2022

CHILDREN YOU WISH TO ENROLL IN THE ASPIRE PROGRAM

Last Name	First Name	Middle Name	Gender	Grade

Home Address: _____

Mailing Address: _____

Child's Mother/ Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Job Title: _____

Child's Father/ Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Job Title: _____

PERSONS AUTHORIZED TO SIGN CHILD OUT

Last Name, First Name	Relation to Child	Contact Number

"This activity 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."

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Important: Attach legal document if there is a person NOT permitted to contact your child/children. Check here if document is attached: ____ Type of document attached: _____

Authorized persons under 18 must have valid driver's license. Copy of license must be attached to this registration form. Check here if the copy of license is attached: _____. (For under 18 only).

PERSONS TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED		
Last Name, First Name	Relation to Child	Contact Number

Physician or clinic: _____

Phone Number: _____

Choice of hospital: _____

Medical Insurance: _____

I verify that the information contained in this application is accurate.

Parent/Guardian Signature _____
Date _____

FOR SCHOOL USE ONLY

☐ 1st Quarter

☐ 2nd Quarter

☐ 3rd Quarter

☐ 4th Quarter

Marites D.C. Garcia

Administrator Name & Signature

Date

Note – Registration form must be signed by either school administrator or ASPIRE Designee/ Coordinator.

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