

GUAM DEPARTMENT OF EDUCATION

SY 2020-2021

TRADITIONAL/FACE TO FACE LEARNING 4TH QUARTER SELECTION

Buenas! GDOE hopes that all is well with you and your family and that you are all staying safe and healthy. In anticipation for the opening of schools for Traditional/Face to Face (FTF) instruction, GDOE is in the process of phasing out Hard Copy model of learning. Parents/Guardians who will be having their child attend school physically, will need to complete the Traditional/Face to Face selection form. Your submission of this selection form will contain critical information necessary to meet compliance with COVID-19 regulations. GDOE continues to work closely with local public health agencies to ensure your child(ren)'s health and safety as we plan a safe return for face to face instruction.

Instructions: This selection form must be completed and submitted to your child's school by **THURSDAY, MARCH 11, 2021 in order for your child to participate in Traditional/Face to Face instruction.** You must submit one form for each child to his/her respective school.

***In the event the school will be closed after re-opening, students will return to the model of learning they were on prior to re-opening.**

DEMOGRAPHICS

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: _____	
Child's full name:	School	Grade Level:	
Physical Address:			
If homeless please indicate current living arrangements			
Contact Number(s)			
Home:		Work:	Cell:
Email Address:			

Transportation When the school year re-opens:

- | | |
|--|---|
| <input type="checkbox"/> My child will be riding the bus. | <input type="checkbox"/> My child will be walking. |
| <input type="checkbox"/> I will be transporting my child to & from school. | <input type="checkbox"/> I will be driving to school (HIGH SCHOOL STUDENTS) |

Questions/Comments:



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
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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 foodborne 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. 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:
		Did student test positive for COVID-19 ? If YES : when (mm/dd/year): _____
		Is student able to wear a mask/face covering during the school day? If NO ; kindly ensure that your Health Care Provider complete a mask exemption note and provide guidance on proposed accommodations to be safely implemented at school.

(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			