

Registration Requirements of the Department of Education

SSHS Enrollment for SY: 20__ - __

Student Name:		Grade:	Student #:
DOB:	Age:	REGISTRATION DATE:	5th Year 6th Year

↓ **CHECK LIST: Check mark if completed** ↓

Student on **CONTRACT**

<input type="checkbox"/> Only the Parent can register the student →OR	Legal Guardian(s) must present an official guardianship document obtained through a court. A Power of Attorney is not acceptable.
<input type="checkbox"/> Legal Guardian can register the student.	
<input type="checkbox"/> Original Birth Certificate and/or Passport	

<input type="checkbox"/> On-island transfer student must present an Official Withdrawal and Change of Residence form from previous school.	Previous School:
<input type="checkbox"/> Off-island Transfer student	
<input type="checkbox"/> A copy of the child's Latest Report Card	Withdrawal Date:
<input type="checkbox"/> Unofficial Transcript	
<input type="checkbox"/> Any other documents from the child's previous school which indicates the grade the student would be placed	
<input type="checkbox"/> Military personnel must present an order of transfer	

VERIFICATION OF RESIDENCY

<input type="checkbox"/> Mayor's Verification (must be accompanied by a or b)
<input type="checkbox"/> a. Utility Bill must have the following:
i. Name of parent or guardian on bill
ii. House Number
iii. Street Name
<input type="checkbox"/> b. Notarized Copy of Lease Agreement or Living Arrangement
<input type="checkbox"/> Out Of District

<input type="checkbox"/> Official Immunization Card	→which is signed by duly authorized medical personnel and indicates the dates the child received shots
→OR	

<input type="checkbox"/> Copy of an Original School Health Record which clearly indicates the dates the child received shots
<input type="checkbox"/> One dose of DPT or TD if the child is 7 years of age or older
<input type="checkbox"/> One dose of TOPV or IPV
<input type="checkbox"/> One dose of MMR or MR if the child is 7 years of age or older, provided it was received on or after the first birthday
<input type="checkbox"/> Results of a TB Skin Test <input type="checkbox"/> DPHSS Clearance:
>conducted within a year prior to registration
→If the child is entering from the United States or United States Territory
>conducted within six months prior to registration
→if the child is entering from a non-United States Territory

<input type="checkbox"/> Results of Physical Exam	<input type="checkbox"/> Appt. Date:
>conducted within one year prior to registration	
Official Document →which shows that a physical exam has been scheduled for the child	
Medical Appointment Card	

<input type="checkbox"/> PENDING DOCUMENTS

<input type="checkbox"/> EMAILED FSAIS for NEW ENROLL:	
Start Date / ENROLL DATE:	
APPROVED BY ADMIN.:	DATE:



Jon J.P. Fernandez
Superintendent of Education

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"Home of the SHARKS"

Simon A. Sanchez High School

395 Juan Jacinto Road

Yigo, Guam 96929

Telephone: (671) 653-2313

www.simonsanchez.org



Beth N. Perez
Principal

Dear Parents,


As per the adopted Board Policy 401 (BP401), Simon A. Sanchez High School will continue to implement the uniform policy for school year 2013-14.

Students **will be required** to wear their uniform in school on a daily basis. Please refer to the student handbook for further information on the student uniform policy. Students not wearing uniform will be referred for disciplinary consequences. If you have any concerns regarding this policy, please feel free to see the administration.

At Simon A. Sanchez High School, we pride ourselves with providing a safe and positive climate for all who attend. We strongly believe that the wearing of school uniforms will instill pride and respect among our students. We look forward to your continued support.

Si Yu'us Maase.

Sincerely,


Beth N. Perez
PRINCIPAL

PARENT INITIAL

DATE

Our mission is to empower students to become productive citizens of the 21st century through a commitment to academic excellence, career preparation and civic engagement.

Rebecca Duenas
Assistant Principal

Joel Punzalan
Assistant Principal

Melvin Finona
Assistant Principal

Dennis Malilay
Assistant Principal

GUAM DEPARTMENT OF EDUCATION
SIMON A. SANCHEZ HIGH SCHOOL

PLEASE PRINT ALL ENTRIES

Student Information Form & Federal Survey

Student's Name (last, first MI)			
Home Address			
Street, Apt/Suite			
City, State, Zip			
Mailing Address			
Street, Apt/Suite			
City, State, Zip			
Home phone			
Student's Age			
Student's Date of Birth			
Ethnicity (circle one)	A CHAMORRO AR ROTA AS SAIPAN AT TINIAN B FILIPINO C WHITE NON HISPANIC D AFRICAN AMERICAN E JAPANESE	F CHINESE G KOREAN H HAWAIIAN I SAMOAN J KOSRAE K POHNPEIAN L CHUUKESE M YAPESE	N MARSHALLESE O BELAUAN P VIETNAMESE Q HISPANIC R AMERICAN INDIAN/ALASKAN NATIVE S INDONESIAN T OTHER PACIFIC ISLANDER (FIJIAN) U OTHER (MIXED)
needed for statistical purposes			
Father (last, first)			
Father's Day Phone			
Father's Employer			
Father's Home Phone			
Student's Gender		Grade Level	
Is there a Custodial Agreement in place for the student? (circle one)		YES	NO
If YES, please provide COURT DOCUMENTS.			
Guardian Name(s)			
Guardian Contact #s			
Mother (last, first)			
Mother's Day Phone			
Mother's Employer			
Mother's Home Phone			
Student's SSN			
Student Number			

GUAM DEPARTMENT OF EDUCATION

SIMON A. SANCHEZ HIGH SCHOOL Student Information Form & Federal Survey

FederalStatus (circle one)	A	NAVY (MILITARY)	G	COAST GUARD (MILITARY)	M	ALL OTHERS
	B	NAVY (CIVILIAN)	H	COAST GUARD (CIVILIAN)	N	RESERVES
	C	AIR FORCE (MILITARY)	I	MARINE CORP (MILITARY)	O	NATIONAL GUARD
	D	AIR FORCE (CIVILIAN)	J	MARINE CORP (CIVILIAN)	P	RETIRED MILITARY
	E	ARMY (MILITARY)	K	OTHER FEDERAL AGENCIES	Q	ACTIVE RESERVES/NATIONAL
	F	ARMY (CIVILIAN)	L	STUDENT 1-20		

LivingStatus (circle one)	1	LIVE ON FEDERAL PROPERTY	3	LIVE ON FEDERAL PROPERTY (includes low cost housing)
	2	WORK ON FEDERAL PROPERTY	4	NON-FEDERALLY CONNECTED

Student's BirthPlace	
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ATTENDANCE ZONE (circle one)							
K10	ADELUP	UP21	CHALAN PADIRON HAYA	K55	MACHANAO (C & H FARM)	W52	ORDOT
S10	AGAFA GUMAS	W22	CHALAN PAGO	WS28	MACHECHE	ML10	PAGO BAY
K13	AGANA	KS52	DEDEDO (LIGUAN TERRACE)	WK31	MAINA	S50	PEREZ ACRES
W10	AGANA HEIGHTS	Y10	E.C. GOZUM APTS. *aka PREMIER APTS*	W34	MAITE	V31	PITI
W13	AGANA SPRINGS	UP20	EAST GAYINERO	N25	MALOJLOJ	Y19	PONDEROSA
V10	AGAT	UP30	EMSLEY	W37	MANGILAO	UP24	ROUTE 15 (CHALAN PADIRON LAGU BOTH RIGHT AND LEFT)
V37	AGAT (PAGACHAO)	K28	FAA	Y33	MATAGUAC ESTATES	Y24	SALAS SUBDIVISION 1
UP13	ANAO	K31	FINEGAYAN	Y30	MATAGUAC SPRINGS	Y54	SALAS SUBDIVISION 2
S15	ANDERSEN AIR BASE	UP27	FUNGO	UP36	MATAGUAC/MACHANANAO	Y13	SAN NICOLAS
S20	ANDERSEN SOUTH	UY10	GAYINERO	N30	MERIZO	V34	SANTA RITA
K16	ANIGUA	K34	GHURA 501 (BATULO)	S45	MOGFOG	W55	SINAJANA
V16	APRA (NEW)	K37	GHURA 502 (ASTUMBO GRDNS)	W40	MONGMONG	Y51	TAKANO SUBDIVISION
V19	APRA (OLD)	K40	GHURA 503 (FERN TERRACE)	UP16	MOUNT SANTA ROSA	N35	TALOFOFO
V13	APRA HEIGHTS	S30	GHURA 505 INC. WARDOG	W43	NAS	N20	TALOFOFO (IPAN)
WV2 2	ASAN	S35	GHURA 506	W46	NAVAL HOSPITAL	K67	TAMUNING
S25	ASARDAS	Y66	GORING VILLA	V40	NAVAL MAGAZINE	W58	TOTO
K19	ASTUMBO	K43	GUAM HORIZON	V25	NAVAL STATION	K70	TUMON
W19	BARRIGADA	K46	GUAM TOWERS	W49	NCS BARRIGADA	NV40	UMATAC
W16	BARRIGADA HEIGHTS	K49	HARMON	K61	NCS DEDEDO	WN45	WINDWARD HILLS
Y21	BORDALLO SUBD (YIGO)	N16	INARAJAN	K64	NCS/DOD	MU27	WUSSTIG ROAD
TT10	BORDALLO SUBD.	W25	LATTE HEIGHTS	K68	NICTAMS	S55	YIGO
K22	CARLOS HEIGHTS	U10	LATTE HEIGHTS (PLANTATION)	V28	NIMITZ HILL	WN50	YONA
UP33	CHALAN ARENDO/CHALAN TUPU	UP10	LUPOG, YIGO	Y16	NISSHO TERRACE	N10	YONA (BAZA GARDENS)
UP18	CHALAN MAANAO (RIGHT SIDE TO AGAFA GUMAS)	S65	MACHANANAO	UP39	OKSU CAPITAT	S60	YPAOPAO ESTATES

Citizenship (circle one)	1	U S CITIZEN	5	FSM CITIZEN
	2	CNMI CITIZEN	6	MARSHALLESE CITIZEN
	3	PERMANENT RESIDENT (ALIEN/GREEN CARD)	7	BELAUAN CITIZEN
	4	I-20/FOREIGN STUDENT E-1 VISA		

Signature of Parent or Guardian	Date

ADMIN APPROVED:		COMMENTS:
DATE:		

ENTRY CODES

R1	Original Entry (only first time kindergarten)	R5	From Another Guam Public School After Withdrawal or Expulsion
R2	From another Public School on Guam	R6	From the Same Guam Public School after Withdrawal
R3	From A Non-Public on Guam	R7	From Guam Community College
R4	From A School Off-Island	R8	From Department of Youth Affairs

Previous School (circle one)	04	George Washington	38	Francisco B Leon Guerrero	81	Marshalls
	05	John F Kennedy	52	Bishop Baumgartner	82	Kosrae
	08	Simon A Sanchez	55	Guam Adventist Academy	83	Belau
	45	Okkodo High	64	San Vicente	84	Saipan
	10	Southern High	65	Santa Barbara	59	Department of Defense
	75	JP Torres Alternative	66	Saint Anthony's	60	International School
	51	Academy of Our Lady	67	Saint Francis	61	Foreign School
	54	Father Duenas	74	Mount Carmel	73	Home Study
	52	Notre Dame	71	Harvest Christian	92	Asmuyao Community
	57	Mainland High	70	Yap	80	Pohnpei
	58	Saint John's	68	Mainland Junior/Middle	86	Temple Baptist
	41	Inarajan	63	Chuuk	105	Saint Paul's
	02	Luis P Untalan	69	Rota	99	DOE Summer School
	06	Agueda I Johnston	70	Tinian	96	Dominican
	07	Vicente SA Benavente	72	Philippines	107	Guam Christian Academy
	22	Jose Rios			90	Southern Christian Academy

PLEASE LIST OTHER CHILDREN & GRADE ATTENDING OUR SCHOOL

NAME OF STUDENT	GRADE

Student LIVES with : (circle)

F	FATHER ONLY	GM	GRANDMOTHER
M	MOTHER ONLY	GF	GRANDFATHER
P	PARENTS	GP	GRANDPARENTS
G	GUARDIAN		

TITLE: (circle)

MR.	MISTER	MM	MR. & MRS.
MRS.	MRS.	DM	DOCTOR & MS.
MS.	MS	DMR	DOCTOR & MR.

Name of Person the Student is LIVING with:

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SIMON A. SANCHEZ HIGH SCHOOL
VOCATIONAL / COLLEGE PATH FORM

LAST NAME		FIRST NAME	MI	DATE
STUDENT NUMBER	DATE OF BIRTH	AGE	GENDER	GRADE

To receive a diploma from SSSH you **must** complete 24 credits from either the Vocational Path or the College Path. You must choose your path. **(circle ONE only)**

VOCATIONAL PATH

COLLEGE PATH

In addition to a high school diploma, students on the Vocational Path may also receive a Certificate of Mastery from Guam Community College (GCC) in one of the following career areas. If you choose Vocational Path, you **must** choose a career area(s) from those listed below. **(check mark one)**

- * Accounting/Administrative Service
- * Consumer/Family Services (Food & Nutrition)
- * Fine Arts BAND
- * Fine Arts CHORUS
- * Tourism/LMP
- * PRO START/Culinary

- * Automotive
- * Carpentry
- * Electricity
- * Marketing
- * Nursing

REQUIREMENTS TO RECEIVE A HIGH SCHOOL DIPLOMA

REQUIRED COURSES	COLLEGE PATH CREDITS	VOCATIONAL PATH CREDITS
Language Arts	4	4
Social Studies	4	3
Math	4	3
Science	4	3
Health	1	1
Physical Education	1	1
Chamorro	1	1
Fine Arts	1	1
TOTAL CORE REQUIREMENTS	20	17
Career Prep Courses	0	4-6
Selected Site-Based Courses	4	1-3
TOTAL CREDIT REQUIREMENTS FOR A DIPLOMA	24	24

Student Signature	Date

**GUAM DEPARTMENT OF EDUCATION
HOME LANGUAGE SURVEY**

STUDENT'S NAME				
LAST	FIRST	MI		

Federal Law and Guam Education Policy Board/Guam Public School System policy requires a 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 to 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 to 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
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Beth N. Perez
Principal

WAIVER

Due to the fact that my son/daughter has been registered at Simon A. Sanchez High School without the appropriate educational records, I will not hold the school or any of its employees responsible for an inappropriate placement.

I also realize that because my son/daughter has been placed without the appropriate educational records that my son/daughter may not graduate on the expected date.

Parent/Guardian Signature

Date

Student's Name (Last, First, Middle initial)

Date

Principal, Simon A. Sanchez High School

Our mission is to empower students to become productive citizens of the 21st century through a commitment to academic excellence, career preparation and civic engagement.

Rebecca Duenas
Assistant Principal

Joel Punzalan
Assistant Principal

Melvin Finona
Assistant Principal

Dennis Malilay
Assistant Principal



Jon J.P. Fernandez
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Beth N. Perez
Principal

Date: _____

To Whom It May Concern:

_____, date of birth _____, grade _____,

Student number _____, has enrolled at Simon A. Sanchez High School.

Please send the **cumulative folder**, **official transcript**, **health records** and **withdrawal grades** for the above student. Should you have any psychological examinations or other pertinent records, we should appreciate this.

Thank you for your cooperation.

Sincerely,

Counselor/Clerk

Permission is granted to release the records of my son/daughter.

Parent's Signature

Date

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Rebecca Duenas
Assistant Principal

Joel Punzalan
Assistant Principal

Melvin Finona
Assistant Principal

Dennis Malilay
Assistant Principal

STUDENT EMERGENCY AND HEALTH INFORMATION
THIS IS CONFIDENTIAL INFORMATION
 SIMON A. SANCHEZ HIGH SCHOOL

STUDENT NAME: (LAST, FIRST, MIDDLE)		GENDER:	DOB:	GRADE:
HOME ADDRESS:			VILLAGE:	
FATHER/GUARDIAN NAME:		MOTHER/GUARDIAN NAME:		
FATHER/GUARDIAN → PLACE OF WORK:		MOTHER/GUARDIAN → PLACE OF WORK:		
FATHER/GUARDIAN → WORK/CELL PHONE #:		MOTHER/GUARDIAN → WORK/CELL PHONE#:		
FATHER/GUARDIAN → HOME PHONE #:		MOTHER/GUARDIAN → HOME PHONE #:		

I hereby give permission to the school to release my child to any of the following persons in the event I am unable to pick up my child.

CONTACT PERSON	RELATIONSHIP TO STUDENT	CONTACT NUMBER(S)

PREVIOUS MEDICAL TREATMENT: Please check mark on left side that applies to your child. This is to be filled in by Parent/Guardian(s) to enable to move effectively most the needs of your child in the school situation.

YES	NO	MEDICAL PROBLEMS
		Rheumatic Fever
		Diabetes
		Heart Disease
		Tuberculosis
		Epilepsy (Seizures)
		Hearing Problem (Ear)
		Vision Problem (Contact Lenses or Glasses)
		Asthma
		Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Drug <input type="checkbox"/> Other
		On Medication (Name of Medication):
		Other Serious Illness or Injury (state):
		Other Physical or Mental Problems (state):

DATE YOUR CHILD RECEIVED HIS/HER:	TETANUS:	DPT:	DTAP:
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PLEASE LIST YOUR OTHER CHILDREN & GRADE ATTENDING SIMON SANCHEZ HIGH SCHOOL					
STUDENT NAME	GRADE	STUDENT NAME	GRADE	STUDENT NAME	GRADE

The School Health Counselor will not give Aspirin, Tylenol, or any other medication without a doctor's prescription. In the event of any food borne illness, GDOE or designee is authorized to obtain samples of any bodily fluids/excrements in the interest of Public Health from my child.

I give my permission to the local ambulance to transport my child to _____ in case of emergency.

Signature of Parent/Guardian: _____ Date: _____

STUDENT NAME:	
HOME ADDRESS:	
COLOR OF HOUSE:	HOME PHONE #:
HEAD OF HOUSEHOLD:	
DRAW A MAP from Simon Sanchez High School TO YOUR HOME	
↓ Indicate major landmarks and street names ↓	