



**SiFA (Science is Fun and Awesome)  
Learning Academy Charter School  
Registration Form SY 2023-2024**

P.O. Box 9427 Tamuning, GU 96931

Tel: (671) 734-7432

Email: [studentsupport@sifalacs.com](mailto:studentsupport@sifalacs.com)

|                        |  |
|------------------------|--|
| <b>Date:</b>           | <b>Student Name: (Last, First, MI)</b> |
| <b>Entering grade:</b> | <b>Previous School:</b>                |

| <b>Forms to be submitted:</b>   | <b>Date submitted:</b> | <b>Received by:</b> |
|---|------------------------|---------------------|
| Registration Form   |                        |                     |
| Birth Certificate or Passport   |                        |                     |
| School records/transcripts<br>(Official withdrawal from previous school)                |                        |                     |
| Report Card (Most recent)   |                        |                     |
| Annual Physical Form  |                        |                     |
| Updated Immunization record (with Annual<br>PPD or clearance from DPHSS, if positive)   |                        |                     |
| If applicable: Notarized Legal Guardianship<br>Documents or Notarized Power of Attorney |                        |                     |

## Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Nickname \_\_\_\_\_ Gender Identity \_\_\_\_\_ Age \_\_\_\_\_  
Birthdate \_\_\_\_\_ Birth Place \_\_\_\_\_ Social Security \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

## Parent Information

**FIRST Parent – Relation to Student** \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**SECOND Parent – Relation to Student** \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Legal Guardian – Relation to Student** \_\_\_\_\_  
*(Please provide notarized Legal Guardianship or Power of Attorney if student is not residing with natural parents.)*  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

## Student Medical Information

### Medical History:

Does your child have any health issues?  Yes  No  
If yes, please specify:

\_\_\_\_\_

Please indicate which of the following communicable disease(s) your child have/has had:

- Chicken Pox       Diphtheria     Measles             German Measles  
 Mumps             Influenza     Scarlet Fever     Whooping Cough

Please indicate whether your child has any persistent problems with the following:

- Asthma             Colds         Coughs             Headaches  
 Stomachache     Hay Fever    Tonsillitis         Nosebleeds  
 Seizures

Does your child take any special medication for it?  Yes  No  
If yes, please specify what medication:

\_\_\_\_\_

Is your child up to date with his/her immunizations?  Yes  No

Has your child had any serious accidents that required him/her to be hospitalized?  Y  N  
If yes, please specify:

\_\_\_\_\_

Has your child had any operations?  Yes  No // If yes, please specify

\_\_\_\_\_

Does your child wear glasses?  Yes  No // Date of last eye exam \_\_\_\_\_

Does your child have regular dental check-ups?  Yes  No // Date of last dental check-up \_\_\_\_\_

Does your child have any hearing problems?  Yes  No // Date of last hearing exam \_\_\_\_\_

Does your child have any allergies?  Yes  No // If yes, please specify

\_\_\_\_\_

Does your child have any allergies to medicine?  Yes  No // If yes, please specify

\_\_\_\_\_

- Long term medications prescribed by Medical Doctor  
 Short term medication (Over the counter)

**\*\*Need written parental consent for the School Nurse or designated personnel to dispense such medication\*\***

## Student Demographics

1. Student Ethnicity (If student is mixed, please select mother's predominant background):

- |                                      |                                    |   |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Chamorro    | <input type="checkbox"/> Pohnpeian | <input type="checkbox"/> Vietnamese       |
| <input type="checkbox"/> Filipino    | <input type="checkbox"/> Yapese    | <input type="checkbox"/> Caucasian        |
| <input type="checkbox"/> Chuukese    | <input type="checkbox"/> Chinese   | <input type="checkbox"/> African American |
| <input type="checkbox"/> Kosraean    | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Korean    |   |
| <input type="checkbox"/> Palauan     | <input type="checkbox"/> Taiwanese |   |

2. What language did student speak when student first began to talk?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chamorro                | <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Marshallese    |
| <input type="checkbox"/> English                 | <input type="checkbox"/> Other Chinese Language | <input type="checkbox"/> Palauan        |
| <input type="checkbox"/> Ilocano                 | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Pohnpeian      |
| <input type="checkbox"/> Tagalog                 | <input type="checkbox"/> Vietnamese             | <input type="checkbox"/> Yapese         |
| <input type="checkbox"/> Visayan                 | <input type="checkbox"/> Carolinian             | <input type="checkbox"/> Japanese       |
| <input type="checkbox"/> Other Filipino Language | <input type="checkbox"/> Chuukese               | <input type="checkbox"/> Other Language |
| <input type="checkbox"/> Mandarin                | <input type="checkbox"/> Kossraean              |   |

3. What language does student speak most frequently at home?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chamorro                | <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Marshallese    |
| <input type="checkbox"/> English                 | <input type="checkbox"/> Other Chinese Language | <input type="checkbox"/> Palauan        |
| <input type="checkbox"/> Ilocano                 | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Pohnpeian      |
| <input type="checkbox"/> Tagalog                 | <input type="checkbox"/> Vietnamese             | <input type="checkbox"/> Yapese         |
| <input type="checkbox"/> Visayan                 | <input type="checkbox"/> Carolinian             | <input type="checkbox"/> Japanese       |
| <input type="checkbox"/> Other Filipino Language | <input type="checkbox"/> Chuukese               | <input type="checkbox"/> Other Language |
| <input type="checkbox"/> Mandarin                | <input type="checkbox"/> Kossraean              |   |

4. What language do parents (or primary adult care giver) mostly frequently speak to student with?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chamorro                | <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Marshallese    |
| <input type="checkbox"/> English                 | <input type="checkbox"/> Other Chinese Language | <input type="checkbox"/> Palauan        |
| <input type="checkbox"/> Ilocano                 | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Pohnpeian      |
| <input type="checkbox"/> Tagalog                 | <input type="checkbox"/> Vietnamese             | <input type="checkbox"/> Yapese         |
| <input type="checkbox"/> Visayan                 | <input type="checkbox"/> Carolinian             | <input type="checkbox"/> Japanese       |
| <input type="checkbox"/> Other Filipino Language | <input type="checkbox"/> Chuukese               | <input type="checkbox"/> Other Language |
| <input type="checkbox"/> Mandarin                | <input type="checkbox"/> Kossraean              |   |

5. What language does student most frequently speak to friends with?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chamorro                | <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Marshallese    |
| <input type="checkbox"/> English                 | <input type="checkbox"/> Other Chinese Language | <input type="checkbox"/> Palauan        |
| <input type="checkbox"/> Ilocano                 | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Pohnpeian      |
| <input type="checkbox"/> Tagalog                 | <input type="checkbox"/> Vietnamese             | <input type="checkbox"/> Yapese         |
| <input type="checkbox"/> Visayan                 | <input type="checkbox"/> Carolinian             | <input type="checkbox"/> Japanese       |
| <input type="checkbox"/> Other Filipino Language | <input type="checkbox"/> Chuukese               | <input type="checkbox"/> Other Language |
| <input type="checkbox"/> Mandarin                | <input type="checkbox"/> Kossraean              |   |

6. Student is living with

- |                                       |   |                                      |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother with stepparent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mother only  | <input type="checkbox"/> Father with stepparent |                                      |
| <input type="checkbox"/> Father only  | <input type="checkbox"/> Grandparent(s)         |                                      |

7. Parent(s) Educational Background: Highest education completed.

Mother/ Primary Care-giver #1

Father/ Primary Care-giver #2

- |  |  |
|--|--|
| <input type="checkbox"/> Elementary                    | <input type="checkbox"/> Elementary                    |
| <input type="checkbox"/> Middle School                 | <input type="checkbox"/> Middle School                 |
| <input type="checkbox"/> High School                   | <input type="checkbox"/> High School                   |
| <input type="checkbox"/> Some College                  | <input type="checkbox"/> Some College                  |
| <input type="checkbox"/> College (Bachelors)           | <input type="checkbox"/> College (Bachelors)           |
| <input type="checkbox"/> Some Post-graduate            | <input type="checkbox"/> Some Post-graduate            |
| <input type="checkbox"/> Graduate (Masters/ Doctorate) | <input type="checkbox"/> Graduate (Masters/ Doctorate) |

8. Which of the following best describes your current status?

Mother/ Primary Care-giver #1

Father/ Primary Care-giver #2

Working Full-time

Working Full-time

Working Part-time

Working Part-time

Working two jobs (full-time or part-time)

Working two jobs (full-time or part-time)

Self-employed

Self-employed

Unemployed / Looking for work

Unemployed / Looking for work

Keeping house/ raising children full-time

Keeping house/ raising children full-time

Retired

Retired

9. Other information for Mother / Primary Care-giver #1:

Place of Employment: \_\_\_\_\_

Job title: \_\_\_\_\_

Has this parent ever serve or is serving in the military? (YES) or (NO)

If yes, what branch of the military served or serving? \_\_\_\_\_

Is individual a VFW? (YES) or (NO)

Is individual a retired veteran? (YES) or (NO)

10. Other information for Father / Primary Care-giver #2:

Place of Employment: \_\_\_\_\_

Job title: \_\_\_\_\_

Has this parent ever serve or is serving in the military? (YES) or (NO)

If yes, what branch of the military served or serving? \_\_\_\_\_

Is individual a VFW? (YES) or (NO)

Is individual a retired veteran? (YES) or (NO)

11. Total Household income (to include all source of wages, veterans benefits, child support, unemployment benefits, disabilities, retirement, etc...). This should be the household of the child's primary living situation.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than \$14,999  | <input type="checkbox"/> \$45,000 - \$64,999  | <input type="checkbox"/> \$150,000 – and up |
| <input type="checkbox"/> \$15,000 - \$25,999 | <input type="checkbox"/> \$65,000 - \$92,000  | <input type="checkbox"/> Not sure _____     |
| <input type="checkbox"/> \$26,000- \$44,999  | <input type="checkbox"/> \$92,001 - \$150,000 |   |

12. Does the child's primary household receive government assistance? (YES) of (NO)

If yes, what type of assistance is the household receiving? (Mark all that applies)

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> SNAP     | <input type="checkbox"/> GHURA                    |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Earned Income Tax Credit |
| <input type="checkbox"/> WIC      | <input type="checkbox"/> Other _____              |

13. Number of people currently living in your household, including individual filling out form:

- |  |  |
|--|--|
| _____ Number of adults (ages 18+)                | _____ Number of adults considered dependents |
| _____ Number of adults contributing to household | _____ Number of children (ages 0 – 17)       |

14. Information regarding living arrangements:

- |   |   |
|---|---|
| <input type="checkbox"/> Live in a house (if answer, check one below) | <input type="checkbox"/> Live in an apartment/ condo (if answer, check one below) |
| <input type="checkbox"/> Owned  | <input type="checkbox"/> Owned  |
| <input type="checkbox"/> Rented                                       | <input type="checkbox"/> Rented   |
| <input type="checkbox"/> Receiving Government Assistance              | <input type="checkbox"/> Receiving Government Assistance                          |
| <input type="checkbox"/> Other  | <input type="checkbox"/> Other  |

15. How long have you lived in this current residence?

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 1 month | <input type="checkbox"/> 3 – 5 years        |
| <input type="checkbox"/> Less than 1 year  | <input type="checkbox"/> 5 – 10 years       |
| <input type="checkbox"/> 1 – 3 years       | <input type="checkbox"/> More than 10 years |

Student Name: \_\_\_\_\_  
Grade: \_\_\_\_\_

**Emergency Information**

In case of emergency, the school immediately contacts the parents. If parents are not available, please provide the information below for the name(s) of the person(s) to contact.

1. RELATION to the child \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Best Contact # (1) \_\_\_\_\_ Best Contact # (2) \_\_\_\_\_

Home Address: \_\_\_\_\_

2. RELATION to the child \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Best Contact # (1) \_\_\_\_\_ Best Contact # (2) \_\_\_\_\_

Home Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_ Clinic

Phone # \_\_\_\_\_

Do you have medical insurance?  If yes, please specify: \_\_\_\_\_

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*I hereby give my consent to the Administration of SiFA Learning Academy Charter School to obtain emergency medical treatment for my child.*

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Student Name:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_

**Parental Consent Form**

SIFA Learning Academy Charter School will be holding activities that will be used for school promotion which we simply called “SIFA Promotion”. SIFA Promotion has the purpose of making SIFA known in Guam and beyond. A variety of media shall be used including but not limited to commercials and promotions (tv, radio, internet), billboards, newspapers and magazines, social media, brochures, etc. If you agree for your child to participate in the SIFA Promotion, please complete and sign this form.

Parent(s)/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Child’s Name: \_\_\_\_\_ Minor Child’s Grade Level: \_\_\_\_\_

By signing this Parental Consent Form:

1. I hereby agree that my minor child may participate in the SIFA Promotion being conducted by SIFA Learning Academy Charter School, and irrevocably grant my permission and authorize SIFA Learning Academy Charter School to record, rerecord and photograph my minor child and the child’s likeness, name, performance, voice, and interviews of my child, for purposes of the promotion, and for the advertising, marketing, and publicity related to the “SIFA Promotion”, and to reproduce and publish the same throughout the universe in perpetuity, in any and all media now known or hereinafter devised. I further agree that my minor child’s participation in the SIFA Promotion and all of the SIFA Promotion elements, including all recordings, footage and still photographs taken in connection with it, belong entirely and exclusively to SIFA Learning Academy Charter School, so that SIFA Learning Academy Charter School and its licensees and assigns may duplicate, distribute, broadcast, exhibit, or otherwise use the “SIFA Promotion”, its elements, or related still photographs, without limitation or restriction throughout the universe in perpetuity. SIFA Learning Academy Charter School may edit and adapt my child’s participation as it deems appropriate.

2. I understand and agree that neither I nor my minor child will own any rights in the SIFA Promotion or the SIFA Promotion elements, or receive any monetary compensation relating thereto. I am granting SIFA Learning Academy Charter School a free, non-exclusive, irrevocable license to use all of the recordings and photographs of my minor child on film, videotape, audiotape, or otherwise as SIFA Learning Academy Charter School may desire. I acknowledge that SIFA Learning Academy Charter School shall have no obligation at all to use my minor child’s name, likeness, interviews of my minor child, or refer to my minor child in the SIFA Promotion or the SIFA Promotion elements.

3. I agree that neither I nor my minor child shall make any claims against SIFA Learning Academy Charter School based upon distribution or use of the material or the SIFA Promotion and its elements to which I have consented in behalf of my minor child. I release SIFA Learning Academy Charter School and its licensees and assigns from any and all claims and liabilities whatsoever that may occur

in relation to or arising from my minor child's participation in the SIFA Promotion, from recording, filming or videotaping my minor child, and from showing, using or distributing such recordings and photographs. I agree that this Consent and Release will be governed by and construed in accordance with the laws Guam.

4. I agree that if my minor child's participation includes still photographs, footage, artwork or other materials owned by my minor child, I grant to SIFA Learning Academy Charter School a free, non-exclusive, irrevocable license to use such materials in the SIFA Promotion and related distribution.

7. I understand my minor child's name and other information that I provide on behalf of or related to my minor child, may be posted together with my minor child's participation in SIFA Learning Academy Charter School's website, other websites where SIFA has a commercial/advertising contract, media, or other public forum without any additional notice to or permission by me.

8. I hereby warrant that I am a legally competent adult and a parent or legally appointed guardian of the minor child named above, and that I have every right to contract for the minor child in the above regard.

9. I certify and acknowledge that I have read, understood and agree to this Parental Consent Form prior to signing it; that I have the full authority to give my consent and release so that my minor child may participate in the SIFA Learning Academy Charter School's "SIFA Promotion". Accordingly, and intending to be legally bound, I voluntarily agree to the terms set forth herein and acknowledge and agree that my minor child and myself are bound by the terms of this Parental Consent. This release shall be binding upon my minor child, me, and our respective heirs, legal representatives, and assigns.

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**Parent(s)/Guardian Name & Signature**

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**Date**