



SIFA
LEARNING ACADEMY CHARTER SCHOOL

P.O. Box 9427 Tamuning, Guam 96931
Tel: (671) 734-7432 // Email: studentsupport@sifalacs.com

REGISTRATION FORM

School Year 20__-20__

June 2026

Date:	Student Name (Last Name, First Name, Middle Initial):
Entering Grade:	Previous School:

Forms & Documents to be Submitted:	OFFICE USE ONLY Date Received:	OFFICE USE ONLY Received by:
Registration Form		
COPY of Birth Certificate or Passport		
School Records/Current Transcripts/IEP/Behavioral Records via Email (official Withdrawal from previous school)		
Report Card (Most Recent)		
UPDATED Annual Physical Examination Form Exp:		
UPDATED Immunization Record (with Annual PPD or clearance from DPHSS, if positive) Exp:		
If applicable: Notarized Legal Guardianship Documents or Notarized Power of Attorney		

<p style="text-align: center;">OFFICE USE ONLY</p> <p>___ <input type="checkbox"/> Roster // Date:</p> <p>___ <input type="checkbox"/> Admissions // Date:</p> <p>___ <input type="checkbox"/> Official Enrollment // Date:</p> <p>___ <input type="checkbox"/> Immunizations // Date:</p> <p>___ <input type="checkbox"/> Previous School // Date:</p>	<p style="text-align: center;">SCHOOL ADMINISTRATION REVIEW</p> <hr style="width: 80%; margin: 10px auto;"/> <p style="text-align: center;">Signature & Date Reviewed</p>
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June 2026

Student Information

Last Name: _____ First Name: _____ M.I.: _____

Gender: _____ Age: _____ Home Phone #: _____

Date of Birth: _____ Place of Birth (City, State): _____

Citizenship: US Citizen Resident Alien CNMI/FSM Other: _____

Home Address: _____

Mailing Address: _____

Has the student attended SIFA Learning Academy Charter School in the past? Yes No

Does the student have a sibling that attended and/or is currently attending SIFA LACS? Yes No

If yes, please provide their name(s):

1. Sibling's Full Name: _____

2. Sibling's Full Name: _____

3. Sibling's Full Name: _____

Parent Information

FIRST Parent – Relation to the Student: _____ **WILL BE MAIN PARENT**

Last Name: _____ First Name: _____ M.I.: _____

Home Address (if different from above): _____

Mailing Address (if different from above): _____

Home Phone # (if different from above): _____ Cell Phone #: _____

Occupation: _____ Employer: _____ Work Phone #: _____

Email Address: _____ Marital Status: _____

Check all that apply to **FIRST Parent**:

Is a Primary Parent/Caregiver

Is a Stepparent, Uncle, Sister, etc.

Will have access to the Student's Grades

Will receive Emails from SIFA

SECOND Parent – Relation to the Student: _____

Last Name: _____ First Name: _____ M.I.: _____

Home Address (if different from above): _____

Mailing Address (if different from above): _____

Home Phone # (if different from above): _____ Cell Phone #: _____

Occupation: _____ Employer: _____ Work Phone #: _____
Email Address: _____ Marital Status: _____

Check all that apply to **SECOND Parent**:

- Is a Primary Parent/Caregiver Is a Stepparent, Uncle, Sister, etc.
 Will have access to the Student's Grades Will receive Emails from SIFA

Legal Guardian – Relation to the Student: _____

Please provide a Notarized Legal Guardianship Document or Notarized Power of Attorney if the student is not residing with natural parents.

Last Name: _____ First Name: _____ M.I.: _____
Home Address (if different from above): _____

Mailing Address (if different from above): _____

Home Phone # (if different from above): _____ Cell Phone #: _____
Occupation: _____ Employer: _____ Work Phone #: _____
Email Address: _____ Marital Status: _____

Check all that apply to **Legal Guardian**:

- Is a Primary Parent/Caregiver Is a Stepparent, Uncle, Sister, etc.
 Will have access to the Student's Grades Will receive Emails from SIFA

Student Medical Information

Medical History:

Does the student have any health issues? Yes No
If yes, please specify:

Please indicate which of the following communicable disease(s) the student has had:

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

Please indicate whether the student has any persistent problems with the following:

- Asthma Colds Coughs Headaches
 Stomachaches Hay Fever Tonsillitis Nosebleeds
 Seizures/Epilepsy Other: _____

Does the student take any special medication(s) for it? Yes No
If yes, please specify what medication(s):

Is the student up to date with his/her immunizations? Yes No

Has the student had any serious accidents that required him/her to be hospitalized? Yes No
If yes, please specify: _____

Has the student had any operations? Yes No
If yes, please specify: _____

Does the student wear glasses? Yes No
Date of last Eye Exam: _____

Does the student have regular dental checkups? Yes No
Date of last dental checkup: _____

Does the student have any hearing problems? Yes No
Date of last Hearing Exam: _____

Does the student have any allergies? Yes No
If yes, please specify: _____

Does the student have any allergies to medicine? Yes No
If yes, please specify: _____

Long-term medications prescribed by a Medical Doctor: _____
 Short-term medications (e.g., pain relievers, antibiotics): _____

★ **Need Parental Consent for the School Nurse or designated personnel to dispense such medication.**

Does the student receive any instructional support or accommodations that the school should be made aware of to best support their learning? (e.g., IEP, 504 Plan) Yes No

If yes, please specify and provide all supporting documents:

Student & Parent Demographics

1. What is the student's birth mother's race?

- | | | |
|--------------------------------------|------------------------------------|---|
| <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 is the student's **birth father's** race?

- | | | |
|--------------------------------------|------------------------------------|---|
| <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 | |

3. What language did the **student** speak when the 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 | |

4. What language does the **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 | |

5. What language do **parents** (or primary adult caregiver) most frequently speak to the 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 | |

6. What language does the **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 | |

7. 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) | |

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

Mother/Primary Caregiver #1

- Elementary School
- Middle School
- High School
- Some College
- College (Bachelors)
- Some Postgraduate
- Graduate (Masters/Doctorate)

Father/Primary Caregiver #2

- Elementary School
- Middle School
- High School
- Some College
- College (Bachelors)
- Some Postgraduate
- Graduate (Masters/Doctorate)

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

Mother/Primary Caregiver #1

- Working full-time
- Working part-time
- Working two jobs (full-time/part-time)
- Self-employed
- Unemployed/Looking for work
- Keeping house/Raising child full-time
- Retired

Father/Primary Caregiver #2

- Working full-time
- Working part-time
- Working two jobs (full-time/part-time)
- Self-employed
- Unemployed/Looking for work
- Keeping house/Raising child full-time
- Retired

10. Other information for Mother/Primary Caregiver #1:

Place of Employment: _____

Job Title: _____

Has this parent ever served or is serving in the military? Yes No

If yes, what branch of the military? _____

Is this individual a Veteran of Foreign Wars (VFW)? Yes No

Is this individual a retired veteran? Yes No

11. Other information for Father/Primary Caregiver #2:

Place of Employment: _____

Job Title: _____

Has this parent ever served or is serving in the military? Yes No

If yes, what branch of the military? _____

Is this individual a Veteran of Foreign Wars (VFW)? Yes No

Is this individual a retired veteran? Yes No

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than \$14,999 | <input type="checkbox"/> \$45,000-\$64,999 | <input type="checkbox"/> \$150,000+ |
| <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"/> \$92,000-\$150,000 | |

13. Does the student's primary household receive government assistance? Yes No

If yes, what type of assistance is the household receiving? (Check all that apply.)

- | | |
|-----------------------------------|---|
| <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 _____ |

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

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

15. 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 Gov. Assistance | <input type="checkbox"/> Receiving Gov. Assistance |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

16. 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 |

CONTINUE TO NEXT PAGE

Emergency Contact Information

Student Name (Last Name, First Name, M.I.): _____

- ★ 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.
- ★ The individuals listed below will have authority to pick up the student from school.

Full Name:	Relationship:	Phone Number(s):
		(H): (C):
		(H): (C):
		(H): (C):
		(H): (C):
		(H): (C):

Physician Name: _____ Hospital/Clinic: _____

Hospital/Clinic Phone #: _____

Does the student have medical insurance? Yes No

If yes, please specify: _____

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

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

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

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

Media Release Consent Form

SIFA Learning Academy Charter School will be holding activities that will be used for school promotion which we simply call "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.

Student Name (Last Name, First Name, M.I.): _____

Entering Grade: _____

- YES**, I give SIFA Promotion permission to use my child's photographs, videos, or audio recordings for the purposes stated above.
- NO**, I do not want my child's photographs, videos, or audio recordings for the purposes stated above.

By signing this Media Release Consent Form:

1. I give permission for SIFA Learning Academy Charter School to take and use photographs, video, or audio recordings of my child for school promotional purposes, including but not limited to printed materials, social media, websites, and local media.
2. I understand that these photos or recordings may be edited, used, or shared by SIFA Learning Academy Charter School for school-related purposes, and that neither my child nor I will receive compensation.
3. I understand that SIFA Learning Academy Charter School will use these materials responsibly and for the purpose of promoting school activities, programs, and events.
4. **Revoking Permission:**
I may revoke this permission at any time by submitting a written request to the school. Revocation will apply to future use only and will not require SIFA Learning Academy School to remove or retract materials already published or printed.
5. I release SIFA Learning Academy Charter School from any claims related to the appropriate use of my child's photo, video, or audio recordings for school promotional purposes.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date