



**GUAM DEPARTMENT OF EDUCATION**  
Classroom Supports & Academic Interventions  
(CSAI) Project



**ESKUELAN PUENGI REGISTRATION FORM**  
School Year 2021-2022 Fall Semester

**Okkodo High School**

STUDENT INFORMATION		
Last Name:	First Name:	Middle Initial:
Student Number:	Date of Birth:	
Graduation Year:	Parent Contact No.: (Home)	(Cell)
Current School:	EP School Site: <b>Okkodo High School</b>	
Do you have any medical problems? YES NO	Does your child currently taking medication? YES NO	
If YES, explain below:	If YES, explain medication below:	
Please indicate if you are cohort A or B.		

EMERGENCY CONTACT INFORMATION			
	Name	Relationship	Contact Nos:
1			
2			

**COURSE SELECTION**

- You may sign up for two (2) 0.5 credit classes. The EP Program will consist of two (2) sessions (A & B).
- You must list both desired courses and alternate courses. Please note that at times not all courses may be offered.
- A Graduation Status Report must be attached. Students that submit registration forms late may be placed on a waiting list.

	Name of Course/ Subject	Session A	Session B	Alternate Course
1				
2				
3				

*“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, Education Stabilization Fund II - State Educational Agency (ESF II-SEA) and the American Rescue Plan Outlying Areas State Education Agency (ARP-OA SEA).”*

Counselor Name & Signature

Parent Name & Signature

All forms must be completed and submitted by  
**October 15, 2021**

Student Signature

**STUDENT-PARENT/GUARDIAN CONTRACT**

Last Name:	First Name:	Middle Initial:
Student Number:	Date of Birth:	
Graduation Year:	Current School:	
Parent Contact No.: (Home) (Cell)	EP Site:	

**GENERAL INFORMATION**

I understand the policies of the Program. I also understand that completion and submission of this form does not guarantee entry into the Program. I understand that it is a Federal Program with strict guidelines and that my child and I must comply with all rules/policies.

Counselor Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent Name & Signature: \_\_\_\_\_  
*Students 18 years of age or older DO NOT need a parent/guardian signature*

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