

# **DEPARTMENT OF EDUCATION**OFFICE OF THE SUPERINTENDENT

www.gdoe.net
501 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671) 300-1547/1536•Fax: (671)472-5001

Email: jfernandez@gdoe.net



## **Providing Access To Homes (PATH) APPLICATION**

The Guam Department of Education in collaboration with the Governor's office is providing mobile internet access for qualified families to address remote learning created by COVID-19 pandemic. This program will make it possible for qualified families to apply for and receive free internet via a MIFI device.

For Families with multiple students per household, please complete only one application and list the names of the students on the Student Information box on the back of this form. <u>Submit the application to the school where your eldest child is enrolled</u>. The school will then determine the quantity of MIFI devices to issue based on the number of students living in your household.

	Qualifying i	nformation			
SECTION 1 - **Voluntary*	** Mark 'X' if you are under		ograms(s):		
[ ] Supplemental Nutrition A		[ ] Enrolled in the Head Start Program			
[ ] Temporary Assistance for	Needy Families (TANF)	[ ] Women, Infa	[ ] Women, Infants, and Children (WIC)		
[ ] Receiving Public Unempl	[ ] Students with 504 Accommodation Plans				
[ ] Receiving Section 8 Subsi	idy.				
SECTION 2 – Capability to	utilize online access.				
Does/do student(s) have a personal or GDOE Laptop or tablet? [ ] Yes [ ] No					
	ging capabilities at the home of		Yes ] N		
	how proof of access to a qual		to charge/rechar	rge devices	
NOTE: If you marked 'x' for	any of the boxes in section 1, a	nd YES for both boxes in s	section 2, you are a	utomatically	
	Please provide certification of			,	
	PARENT INF				
Parent/Guardian Name (L	ast, First, M.I.):				
Phone Number (Home): Phone Number (Work): Phone Number (Cellular or alternate):					
	( , , , , , , , , , , , , , , , , , , ,		in the realist (centum of meeting).		
Parent/Guardian Email ad	ldress:				
	ONLY Students in	n your household			
STU	DENT's				
Last Name	First Name	STUDENT ID #	SCHOOL	GRADE LEVEL	

### **PATH AGREEMENT**

By completing and signing this application and agreement, I/We agree to:

## I. Usage

- a. Students must have qualified electronic devices to allow for educational access, such as a GDOE or personal laptop or tablet.
- b. Students must have access to charging capability (electricity).
- c. Regular attendance and participation in online classes are mandatory.
- d. Access is only for Educational Purposes which includes but not limited to communication, studying or conducting research related to schoolwork, and accessing Google Suite and other educational platforms/websites. It is not meant to be used to stream TV, movies, or games.
- e. Illegal or inappropriate purposes are not allowed. If used inappropriately or for illegal use, termination of services will occur, and legal action may be taken by the proper authorities.
- f. Each device is for the use of the students(s) in the household as determined by this agreement.

### II. MIFI Device and accessories included

a. Upkeep and maintain the equipment/device as instructed by the service provider.

## **III.** Modification/Suspension/Termination of Services

- a. Termination of Services upon graduation Parents must inform the school so that services (if needed) will be discontinued
- b. Transfer schools Parents must inform the school so that a change in region, if necessary, shall be conducted.
- c. Termination/Account Suspension for Improper Use
- d. Irregular attendance in scheduled online classes/sessions (unexcused absences)

I hereby certify that I am duly and legally authorized on behalf of the students in my household to agree to the conditions set forth in this application and agreement. The information contained herein is true, accurate, and complete.

Parent/Guardian NAME:	Signature:	Date:			
NOTICE: PATH INTERNET IS STRICTLY FOR EDUCATIONAL USE. THE GUAM DEPARTMENT OF EDUCATION RESERVES THE RIGHT TO BLOCK OR LIMIT SITES.					
FOR OFFICIAL USE ONLY					
GOOGLE FORM INPUT BY (School Official): NAME: SIGNATURE: DATE:	PATH Online ac PATH Online ac (if there are 3 or				
ENSURE STUDENT HAS ON FILE SIGNED	BP No. 379 and 836				
APPROVED BY: (Designated School Admin)					
	, and the second				
PRINT NAME	TITLE	DATE			