



DEPARTMENT OF EDUCATION  
501 Mariner Ave., Barrigada, Guam 96913-1608  
Tel: (671) 300-1547 Fax: (671) 472-5003

## ASTUMBO ELEMENTARY SCHOOL

255 Chalan Hachon, Dededo, Guam 96929  
Telephone: 635-4363/64



K. Erik Swanson, Ph. D.  
Superintendent of Education

Josephine Parel-Fontbuena  
Principal

# OUT OF ATTENDANCE AREA REQUESTS

## INTRODUCTION

The Department of Education can make accommodations for students in an out-of-attendance area. Board Policy 318 defines students' attendance areas as being where their parents reside, guardians reside (if guardians are not the parents), or caretakers who are caring for them while parents or guardians are not on-island. This chapter applies only to students who live in out-of-attendance areas and are seeking to enroll in school.

## PROCEDURES

**Step 1:** The parent/guardian of the student must complete the Out-Of-Attendance-Area Enrollment Application (Form 8-1).

**Step 2:** The parent/guardian of the student submits the completed form to the principal of the out of-attendance area school. The principal may require a meeting with the parent/guardian to discuss the reasons(s) for the request as a condition for approval.

**Step 3:** The out-of-attendance area request is submitted to the receiving school principal to complete Part II of the request and returns it to the parent/guardian. Approval/disapproval of the request is solely at the principal's discretion and is dependent upon availability of space and parent/guardians commitment to fulfilling school expectations as well as assuming full responsibility for transporting their child to and from school as the Department of Public Works bus transportation is not available for students in out-of-attendance areas.

**Step 4:** If the request is approved by the principal of the out-of-attendance area school, the student is allowed to transfer to the out-of-district school only for the remainder of the school year in which the approval was given. Attendance in out-of-attendance area schools during subsequent school years is dependent on receipt of subsequent approvals. Students authorized to transfer, who incur serious infractions or poor academic performance, may be required to return to their district school.



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## OUT-OF-ATTENDANCE-AREA ENROLLMENT APPLICATION

The Department of Education can make accommodations for students in out of attendance area. Board Policy 318 guides the out-of-district school enrollment with the primary focus on ensuring adequate enrollment capacity for in-district students in our schools.

**Priority Consideration for Accepting Out-of-District Students:**

1. Principal's discretion
2. Student's prior participation and expected on-going enrollment in academic and career-oriented programs not offered at other schools, including but not limited to GCC programs, JROTC, Robotics, or certain AP/Honors.
3. Parent is an employee at the school site, upon approval.
4. Student is being transient or homeless

**Part I: Student Information (To be completed by Parent or Legal guardian; please print clearly):**

Check one:  Returning Student  New Student

Current Grade Level: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_  
LAST FIRST M.I.

**Part II: conditions for Acceptance and Continued Enrollment:**

I hereby request from the Principal of **Astumbo Elementary School** / Department of Education to authorize my child named above, who currently resides in the village of \_\_\_\_\_ and is in the attendance area served by \_\_\_\_\_, to enroll as an out-of-district student for SY \_\_\_\_\_.  
Name of School in the current attendance area

The specific reason for which I am requesting authorization for Out-of-District enrollment is as follows:

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The items below are conditions that the Parent/Guardian and Student(s) must adhere to as an out of attendance area enrollment status. Parent/Guardian must **initial each item below** to verify they have read, understand, and agree to the following items. The principal may revoke the out-of-district authorization upon non-compliance of these expectations.

1. \_\_\_\_\_ I will provide transportation for my child to and from the school. The school will not assume any responsibility for transporting my child
2. \_\_\_\_\_ Academic standing: Student must pass all classes.
3. \_\_\_\_\_ Attendance: Student must maintain no less than a 90% attendance rate to include excused and unexcused absences.
4. \_\_\_\_\_ Student conduct: Student must not receive any level 2 or 3 offenses pursuant to the Office Discipline Referral (ODR) guidelines.
5. \_\_\_\_\_ Parent/legal guardian must attend all Parent-Teacher Conferences (PTC) for first and third quarter and any other meeting called by a teacher or School administrator.
6. \_\_\_\_\_ Parent/legal guardian must attend all monthly parent organizations meetings.
7. \_\_\_\_\_ Parent/legal guardian must participate in a school function at least once per quarter, e.g., chaperone dances, school clean up, school presentation, etc.
8. \_\_\_\_\_ A request for out-of-attendance area enrollment must be made each year.
9. \_\_\_\_\_ Withdrawals: Violation of conditions for acceptance are grounds for withdrawal that will be effective at the ending of the current quarter. Students may not be withdrawn from a school as a result of reaching capacity, based on its in-district needs, until the end of the school year. Appeal of the withdrawal may be made to the Superintendent.

### **Part III: Assurances**

I certify that I have read and agree to the above conditions, and I will support the decisions of the **Astumbo Elementary School** administrative team throughout the school year that my child is enrolled as an out-of-district student. Additionally, I will ensure that my child and I will comply with all school rules and policies as it applies to my child's educational experience here at **Astumbo Elementary School**.

Print Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Daytime Contact Number: \_\_\_\_\_



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Parent/Legal Guardian's Alternate Contact Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 TO BE FILLED OUT BY SCHOOL PERSONNEL

Received by school personnel: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Part IV: Administrative Decision (To be completed by the Principal)**

Approved for School Year: \_\_\_\_\_

Disapproved and reason:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Josephine Parel-Fontbuena

Principal

\_\_\_\_\_  
 Date