



HOME OF THE DRAGONS

ASTUMBO MIDDLE SCHOOL



Judith T. Won Pat, Ed.D.
Superintendent

389 Chalan Hachon, Dededo, GU 96929 • (671) 300-2610 • ams@gdoe.net

Hannah M. Gutierrez
Principal



OUT-OF-DISTRICT ENROLLMENT APPLICATION

The Guam Department of Education (GDOE) can make accommodations for students who are Out-of-District (OOD) for attendance areas. Board Policy 318 guides the OOD enrollment with the primary focus on ensuring adequate enrollment capacity for In-District students in our schools.

Priority Considerations for Accepting Out- of- District (OOD) Students

1. Principal's discretion.
2. Student's prior participation and expected ongoing 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 being transient or homeless.

PART I: Student Information (To be completed by Parent or Legal Guardian)

Date of submission of application: _____ Received by: _____
(name/signature of AMS staff member)

Check one: Returning Student New Student

Last School attended: _____ Grade Level Applying For (circle one): 6 7 8

Child's Legal Name: _____ Date of Birth: _____
Last First Middle

Child's Home Address: _____

District School: _____

I hereby request the Principal of Astumbo Middle School / Department of Education to authorize my child named above, who currently resides at the address above and is in the attendance area served by the school above, to enroll as an OOD student for School Year _____. The specific reason for which I am requesting authorization for OOD enrollment is as follows: _____

Dennis A. Malilay
Assistant Principal

<https://AstumboMiddleSchool.com>

Jeanette M. Superales
Administrative Officer

School Mission: Foster a safe and supportive learning environment that promotes academic success, positive social development, and technological competence to prepare our students to become lifelong learners and contributing citizens of the community.



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Parent II: Conditions for Acceptance and Continued Enrollment

Parent / Guardian must initial each blank below to verify they have read, understand, and agree to the following items.

The Principal may revoke the OOD authorization upon non-compliance with 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 for all 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 schedule Parent-Teacher Conferences (PTC) for 1st and 3rd Quarters and any other meeting called by the teacher or administrator.
6. _____ Parent / Legal Guardian must attend all monthly Parent-Teacher Organization (PTO) 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. _____ Out-of-District enrollment requests must be renewed each school year. Failure to renew will result in the student being withdrawn and I will enroll them in our district school.
9. _____ Withdrawal: Violation of conditions for acceptance are grounds for withdrawal that will be effective at the ending of the current quarter. Student may not be withdrawn from a school as a result of reaching capacity, based on it's 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 decisions of the AMS Administration throughout the school year that my child is enrolled as an OOD 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 at AMS.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Phone Numbers: _____ (H) _____ (C) _____ (W)

Email address: _____

***Please attach a current Mayor's verification with this application.**

Approved for School Year: _____ Consideration: 1 2 3 4

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Disapproved and reason: _____

Principal's Name and Signature: _____ Date: _____

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