



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



## STUDENT INFORMATION FORM

\_\_\_\_\_  
(Student or Adult Name)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Hse. # Street Name Village

Do you have any medical problems? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY CONTACT PERSON

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Hse. # Street Name Village

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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### FOR INSURANCE PURPOSES

Beneficiary's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Hse. # Street Name Village

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Work Place: \_\_\_\_\_



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## PERMISSION TO RETURN FORM

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to be a part of the \_\_\_\_\_ to be held in \_\_\_\_\_ on \_\_\_\_\_.

In the event that the chaperones feel my child should be returned to Guam on an earlier plane due to illness or as a disciplinary action, I agree to repay the school any additional expense within two weeks.

In the event of illness or injury requiring medical treatment, I hereby appoint \_\_\_\_\_ and the medical officer of the day at the nearest medical facility to act as my representative for the medical care of my dependent listed above.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Notary Public  
(In and for the territory of Guam)

My Commission Expires:  
  
\_\_\_\_\_



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## OFF-ISLAND FIELD TRIP AGREEMENT

Date: \_\_\_\_\_

It is hereby agreed that, I, \_\_\_\_\_, will abide by the policies and rules of the school-wide participation on an activity sponsored by the school. I have read the Student Handbook and understand its content. I will do nothing to endanger the safety of the group, myself, and the reputation of the school. Should I violate the conditions of this agreement, I am aware that I will be subject to disciplinary action according to the law.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Trip Advisor's Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Principal's Signature



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## PARENT'S PERMISSION FOR OFF-ISLAND TRIP

Date: \_\_\_\_\_

Your permission is required to take your child, \_\_\_\_\_, on an off-island trip to \_\_\_\_\_ on \_\_\_\_\_. Fieldtrips are sound educational activities that provide first-hand experience and allow for multicultural exchanges found nowhere on Guam. Students will be under close supervision by their chaperone(s) and/or by other personnel as deemed necessary. Every precautionary measure will be provided for the safety of all students participating.

\_\_\_\_\_  
Chaperone                                      Chaperone                                      Chaperone

\_\_\_\_\_  
Hannah M. Gutierrez, AMS Principal

### APPROVED BY PARENTS:

I give my approval for my child named above to take this off-island fieldtrip in accordance with the points mentioned above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Notary Public  
(In and For the Territory of Guam)

\_\_\_\_\_  
My Commission Expires



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## MEDICAL PERMISSION FORM

I, \_\_\_\_\_ parent of  
 \_\_\_\_\_ do give  
 \_\_\_\_\_ permission and authority to seek medical treatment  
 for my child should the need arise while my child is traveling with \_  
 \_\_\_\_\_ to be  
 held in \_\_\_\_\_ on \_\_\_  
 \_\_\_\_\_.

**Cost of treatment will be covered by the Guam Department of Education. Any added cost incurred for this treatment and transportation not covered by the insurance, I will be responsible for and will repay the Trip Advisor no later than two weeks (14 days) following the end of the trip.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Notary Public (In and for the Territory of Guam)  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

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### EMERGENCY CONTACT PERSON

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Work Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Work Address: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS? \_\_\_\_\_

IF SO, PLEASE EXPLAIN: \_\_\_\_\_



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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.*