



DEPARTMENT OF EDUCATION

DIVISION OF CURRICULUM & INSTRUCTION

501 Mariner Avenue Barrigada, Guam 96913
 Telephone: (671) 300-1635 or (671) 300-2251
www.gdoe.net | gate@gdoe.net



K. ERIK SWANSON, Ph.D.
 Superintendent of Education

JOSEPH L.M. SANCHEZ
 Deputy Superintendent, C&II

UNIVERSAL PRE-KINDERGARTEN APPLICATION SCHOOL YEAR 2025-2026

CHILD'S INFORMATION					
Last Name:		First Name:		Middle Initial:	
Date of Birth:		Sex:		Social Security No.:	
Current Home Address:					
City:		State:		ZIP Code:	
Mailing Address (if different from home address):					
City:		State:		ZIP Code:	
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> FSM <input type="checkbox"/> Belau <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident					
Ethnicity (Check all that apply): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other – Specify:					
Child's Primary Language:			Family's Primary Language:		
FAMILY INFORMATION					
Mother / Guardian (Circle One) Last, First, Middle:			Father / Guardian (Circle One) Last, First, Middle:		
Home Address:			Home Address:		
Mailing Address (if different from home address):			Mailing Address (if different from home address):		
Home Phone #:		Cell Phone #:		Home Phone #:	
Work Phone #:		Email Address:		Work Phone #:	
Date of Birth:		Ethnicity:		Date of Birth:	
Occupation:		Full / Part Time:		Occupation:	
Emergency Contact Person:		Relation:		Primary Phone #:	
				Alternate Phone #:	
Mailing Address:			Home Address:		
1. Has your child received or are they currently receiving early intervention or Special Education services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what services:			2. Does your family receive or participate in public assistance program(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what services:		
PLEASE READ AND SIGN					
I certify that the above information is true and correct. I understand that this information will be used to determine the eligibility of my child for the Prekindergarten Program. I understand that the deliberate misrepresentation of the information may result in the dismissal of my child's participating in the Prekindergarten Program. This program does not discriminate based on disability in accordance with the Americans with Disabilities Act.					
Print Name:				Date:	
Signature:				Time:	
Reviewed by:			Submitted Date:		