

PROJECT PUQIGTUT

“SMART PEOPLE”

Success
Native Culturally
Graduation
Flexible
Responsive Smart
On-line

WE ARE A HIGH SCHOOL SUCCESS PROGRAM FOR 21ST CENTURY ALASKA NATIVE & AMERICAN INDIAN STUDENTS. THIS SUMMER WE WILL BE OFFERING THE FOLLOWING COURSES ONLINE:

- ALGEBRA A (1&2)
- ALGEBRA B (1&2)
- ALGEBRA I (1&2)
- ENGLISH 9 (1ST&2ND SEMESTER)
- ENGLISH 10 (1ST&2ND SEMESTER)

OUR COURSES ARE FLEXIBLE AND SUPPORTIVE. EQUIPMENT/CONNECTIVITY CAN BE PROVIDED IF NEEDED.

On-line
Technology
Alaska.
Supportive people
Engaging
Learning

APPLY BY MAY 14TH!

FOR MORE INFORMATION
CONTACT YOUR
SCHOOL COUNSELOR,
TITLE VII INDIAN ED
COMMUNITY COUNSELOR, OR
OUR OFFICE AT 742-7873.

Project Puqigtut (“Smart People”)

5530 E. Northern Lights Blvd.

Anchorage, AK 99504

Main: 907.742.7873

Fax: 907.742.4585

Online Course Application Form for High School Students

DEADLINE: MAY 14, 2010 – 5 P.M.

Thank you for considering Project Puqigtut. We accept Alaska Native/American Indian students from high schools within the Anchorage School District. After a complete form is turned in, please expect a response within 5 business days.

Students & Parents: Please complete Student and Parent information sections. Student and their Parents/Guardians will need to sign at the end of the form. Then return to your counselor or advisor.

Counselors/Advisors: Please complete the Counselor/Advisor section, obtain appropriate signatures, and send in the complete form along with an up-to-date academic transcript (include pages of test scores).

School Year _____ FALL SPRING SUMMER (check one)

Student Information

First Name: _____ Last Name: _____

Student ID#: _____ School: _____ Grade: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Other: _____

Student E-mail: _____

Do you have access to a computer (*outside of school*)? Yes No (check one)

Do you have access to the internet (*outside of school*)? Yes No (check one)

Parent/Guardian Information

First Name: _____ Last Name: _____

Phone: _____ Cell: _____ Other: _____

E-mail: _____

Information to be filled out by counselor or advisor:

Recommended Course:

Algebra A-1	Algebra A-2
Algebra B-1	Algebra B-2
Algebra I-1	Algebra I-2
English 9 (Sem.1)	English 9 (Sem. 2)
English 10 (Sem. 1)	English 10 (Sem. 2)

Reason for Referral:

This student has: ___ IEP ___ 504 ___ Neither an IEP nor 504

**If student has either, please attach copies & details.*

GPA: _____ Credits: _____

506 form on file? Y / N (*circle one*)

Completion of this form does not guarantee enrollment in an ASD online course. Student participation requires meeting eligibility requirements, authorization of a parent/guardian, a school administrator, and depends on course availability. I have read and understand the “ASD Guidelines for a Successful Online Student”, MyHigh Academic Integrity Policy, and Internet Safety & Netiquette Guidelines. I agree to work at the pace established by my online instructor when the course begins. I understand this program will require an orientation session with my parent/guardian. This program will require at least one fieldtrip per semester (transportation provided). I understand that it is my responsibility to communicate concerns about coursework or accessibility issues with my instructor in a timely manner.

Student's Signature

Parent/Guardian's Signature

Counselor/Advisor's Name (Please print)

Curriculum Principal's Signature

Please fax COMPLETED form and attachments to 742-4585, incomplete forms will not be processed. For questions, call 742-7873 or e-mail edwards-vollertsen_j@asdk12.org