

Anchorage School District

STELLER SECONDARY SCHOOL

2508 Blueberry Street, Anchorage, AK 99503

Ph. 742-4950 FAX 742-4966

www.asdk12.org/schools/steller/pages/

Steller Lottery Application Packet

For office use only:

Grade req'd: _____

Complete? Y / N

Needs _____

ID# _____

Student Name

Please Print

Current Grade _____

Completed packets must contain all pages (1-4) PLUS:

- 7th grade applications must include the most recent grades or self-evaluation.
- All other grades (8th through 12th) must include a current transcript.
- If you DO NOT attend an Anchorage School District school or program, you MUST include a copy of your current immunization record.

The completed **application** must be returned to the Steller office before the lottery deadline. **Packets** must be complete before the Steller enrollment meeting. An incomplete packet may lead to the student being placed on academic probation; probationary status will be reconsidered when the missing information is received.

When there is an opening in a grade, the first student on the wait list for that grade will be called for an enrollment meeting. Parent(s) or guardian(s) must participate in this meeting with their student. Students and their family will have two school days after the meeting to accept or decline the offer of enrollment.

Student Name _____ Student lives with: _____

Father: _____ home ph# _____ wk ph# _____

Best day # _____ Father's e-mail address _____

Mother: _____ home ph# _____ wk ph# _____

Best day # _____ Mother's e-mail address _____

Have you ever attended or previously applied to Steller? Y / N If yes, why did you leave or not enroll?

Have you ever been suspended for violation of the ASD Drug/Alcohol Policy? Y / N

If yes, when? _____ Length of suspension? _____

If applying from outside the Anchorage School District, please complete:

Name and mailing address of current school or school last attended: _____

Phone (_____) _____ Date of withdrawal: _____

Deadline: 3:00 pm MARCH 19, 2009 Lottery Date: **March 20, 2009** Date Received _____

RECOMMENDATION

This form should be completed someone who has worked academically with the student within the past two years. Please submit these recommendations with the application packet to Steller.

	poor	1	2	average	3	4	5	good	no basis	N/B•
Academic Traits										
Intellectual aptitude										
Study habits										
Academic motivation										
Academic imagination (originality)										
Completion of work										
Intellectual curiosity										
Attendance										
Personal Traits										
Sense of humor										
Reaction to criticism										
Self-confidence										
Reaction to setbacks										
Concern for others.										
Standards of personal conduct										
Integrity.										
General emotional stability										
Self-discipline.....										
Initiative and drive.....										
Level of maturity.....										

Please comment on the student's special interests, talents or abilities.

I recommend this student for Steller with: enthusiasm confidence reservation
Check only one

Known student for: _____ years. In what capacity? _____

Your name _____ Position _____

Signature _____

School or workplace _____ Date prepared _____

Thank you for taking time to complete this student's recommendation. We request that all parts of a student's application be submitted together. If you wish this assessment to be confidential, please seal it in an envelope so the student can include it with the other portions of the application. Please do not send or fax items to be included in the application package. They may not be identified causing a student's application to be incomplete.

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