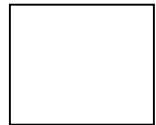


Alaska Native Cultural Charter School

Application for Admission

(if applying for more than one student, please fill out the top portion for each student)



of applications in
this family

Student Information

Last Name	First Name	MI	Current Grade
Street Address		DOB	Home Phone Number
City	Zip Code	Current School	Male or Female

Ethnicity – **Please Mark All That Apply**

<input type="checkbox"/> (1) Native Alaskan	<input type="checkbox"/> (5) Philipino
<input type="checkbox"/> (2) American Indian	<input type="checkbox"/> (6) Spanish/Hispanic
<input type="checkbox"/> (3) Asian	<input type="checkbox"/> (7) White
<input type="checkbox"/> (4) Black	<input type="checkbox"/> (8) Other _____

Guardian(s) that Student Lives With:

Other Guardian Information:

Name	Name	Name
Email Address	Email Address	Email Address
Cell or Work Phone #	Cell or Work Phone #	Home Phone #
Relationship to student	Relationship to student	Relationship to student

What would you like to see in the Alaska Native Charter School?
Please check all items that are important to you, your child, or your family,
And write in any suggestions that you have:

- | | | |
|---|--|--|
| <input type="checkbox"/> Native Language _____ | <input type="checkbox"/> Native Culture | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Regular Family/Cultural Events | <input type="checkbox"/> Jewelry/Beading | <input type="checkbox"/> Dancing/Music |
| <input type="checkbox"/> Traditional Values | <input type="checkbox"/> Subsistence | <input type="checkbox"/> Science w/Cultural Focus |
| <input type="checkbox"/> Tribal Information | <input type="checkbox"/> High Standards | <input type="checkbox"/> Use of elders in teaching |
| <input type="checkbox"/> Traditional Arts and Crafts | <input type="checkbox"/> Native History | <input type="checkbox"/> Focus on Elders |
| <input type="checkbox"/> Traditional Learning Styles | <input type="checkbox"/> Native Games | <input type="checkbox"/> Native Science Fair |
| <input type="checkbox"/> Before/After School Care | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Traditional Vocational Skills |
| <input type="checkbox"/> Family History/Ancestry | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Standardized Testing |
| <input type="checkbox"/> Community Learning | <input type="checkbox"/> Foods | <input type="checkbox"/> Parents in the classroom |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> other: _____ | |