

NENANA CITY PUBLIC SCHOOL

Nenana Student Living Center

P.O. Box 442

Nenana, Ak. 99760

(907) 832-2000 Ext. 321

(907) 832-5277 (Fax)

supt@nenanasd.org

Dear Applicant:

Thank you for your interest in the Nenana Student Living Center. Please read the following information very carefully, and use the attached checklist as a guide for preparing your application. Applications will not be reviewed for enrollment until all required forms, transcripts, test scores, and assessments are received.

The capacity of the Nenana Student Living Center (NSLC) is 88. The maximum number of beds available to either the girls or the boy's wing is 52. The NSLC expects to receive many more applications than openings available to new students, so ***it is very important to complete and return the application as soon as possible.*** Enrollment at the NSLC is a one school year commitment to the program. If for any reason a student chooses to leave, or is sent home as a result of breaking rules, the parent/guardian is responsible for paying the airfare for the trip home.

NSLC covers travel expenses for students to come to school at the start of the year in August and go home at the end of the school year in May.

The NSLC closes for Christmas Break and parents are responsible for round trip transportation expenses.

The NSLC remains open for Spring Break but students can be checked out, if desired, with travel being at the parent's expense.

The Nenana City Public School District participates in the National School Lunch Program. All students who attend Nenana School, including students at the NSLC, pay for breakfasts and lunches that are served on regular school days, unless they are deemed eligible for Free & Reduced Price meals through an application process. An application for Free & Reduced Price Meals will be sent to the parents of accepted students prior to the school year starting in August. NSLC residents will receive the following meals at no cost: dinner every day - breakfast, lunch, and dinner on weekends.

Due to limited openings, early submittal may improve your chances of being admitted. Completed applications may be sent by mail, fax, or scanned and sent via e-mail. Students will be notified of their enrollment status after the screening committee reviews applications.

If any statements on this application are proven to be false or if you have withheld information that has been asked for, your child may either be denied entrance to the Nenana Student Living Center or sent home if they have already been admitted.

If you have any questions, or seek additional information about enrolling in Nenana City Public High School and Nenana Student Living Center please contact:

NSLC: (907) 832-2000 Ext. 321

Web page: <http://nenanalynx.org>

E-mail: supt@nenanasd.org

Sincerely,

Eric Gebhart,
Nenana City Public School Superintendent
NSLC Director

Summer Contact Number at Nenana School: (907) 832-5464

APPLICATION CHECKLIST

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED

Section 1 – NSLC Required Forms

- Application/Registration
- Student Statement: Your application must contain a student statement explaining why you want to attend NSLC, and why you think you should be accepted. The school strives to invite students who will complete a full year. **The student statement should be signed by the student**
- Parent/Guardian Statement: This statement should express the reasons why the parent(s) guardian(s) believe NSLC is the best educational placement for their child, why a residential school would be suited to their child's needs, and why he/she believes the student will complete one full year at NSLC. **This statement should be signed by the parent/guardian**
- Teacher Educator Assessments (minimum of two): Forms are provided in the application packet and must be completed by two educators (teachers, counselors, or administrators) who have sufficient knowledge of the applicant to provide the information requested. If educators are not available, as may be the case in a home school environment, please contact NSLC to discuss acceptable alternatives.
- Records Request (to be given to the applicants current school by parent/guardian) The following records must be sent to the NSLC for the application to be considered: Transcript, current grades, all test scores (SBA, Terra Nova, CAT5, HSGQE (High School Graduation Qualifying Exam if taken), attendance records, discipline records, and immunization records
- Health Information
- Over-the-Counter Medications
- Consent for Emergency and Routine Medical Care in Residential Facilities
- Private Insurance and/or Denali Kid Care and/or Medicaid Card (provided by parent)
- Completed Physical (if your student will be participating in extra-curricular sports, be sure to get a sports physical included in the exam. The ASAA physical form can be downloaded at www.asaa.org. (provided by parent)
- Parent Permission Release Form
- Two Identification Cards – Tribal/Health Enrollment Card, **REQUIRED** for TCC, plus another form of ID. (provided by parent)
- NSLC Top Twelve List

**APPLICATION CHECKLIST
CONTINUED**
ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED

Section 2 – Nenana School REQUIRED Forms

- Title VII Student Eligibility Certification
- Home Language
- Migrant Activities
- AML/JIA Authorization for Emergency Medical Treatment
- Authorization for Release of Immunization/TB Records
- Consent for Tuberculin Test
- Extra-Curricular Activities
- Permission to Publish Student Photos
- Copy of Birth Certificate, Immunization Records (provided by parent)

STUDENT STATEMENT

1. Explain why you desire admission to the Nenana Student Living Center and why you should be accepted.

2. Please finish the following statement: I believe that I will be able to complete at least one (1) full year at the Nenana Student Living Center while attending school at the Nenana City Public School District because:

3. How did you or your parents hear about the Nenana Student Living Center?

Student Signature

Date

Social Security Number

Printed Name of Student

PARENT/GUARDIAN STATEMENT

1. Explain why your son or daughter is seeking admission to the Nenana Student Living Center and why you believe your child should be accepted. (Please attach additional written material if desired.)

2. In your opinion, is/are there reason(s) why a living center environment would be particularly suited to your child's needs. If you answered yes, please explain below.

3. Please complete the following statement. I believe that my son/daughter will be able to complete at least one (1) full year attending the Nenana City Public School while residing at the Nenana Student Living Center because:

4. Has your son/daughter ever received Special Education services? Yes No

Does your son/daughter have a current IEP? Yes No

(This is no way affects enrollment consideration. This information is to assure that we gather all required records for each student who is enrolled and will be kept confidential.)

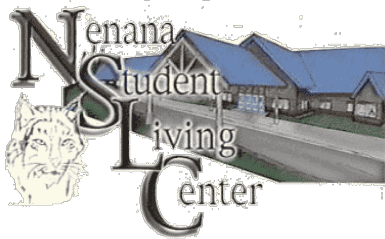
I realize that accepting admission to the Nenana Student Living Center is a one-year commitment. If for any reason the student chooses to leave before the end of the school year, or is sent home as the result of breaking rules, the parent/guardian is responsible for paying travel expenses for the return home.

Resident Confirmation: I hereby declare that the applicant is a resident of the state of Alaska and is/will be eligible to enroll in an Alaskan high school effective the fall of 2011.

Parent Signature

Date

Printed Name of Parent



TEACHER ASSESSMENT

Student Applicant _____

Community _____

Date _____

Two educator (teacher, counselors, home school teachers or administrators) assessments are required as part of the Nenana Student Living Center application. **All information is confidential and will be reviewed only by persons directly involved in the admissions process.** Individuals completing this form should have sufficient knowledge of the applicant to provide the information requested.

The Nenana Student Living Center is run by the Nenana City Public School District and is accepting up to 88 students in grades 9-12. The center is located in the town of Nenana, Alaska. The Nenana Student Living Center is potentially available to any student in Alaska who meets the residency requirements for admission. It exists to serve students who wish to prepare themselves for campus style living at a college or university or for independent living when entering the work force after High school graduation. Since enrollment in the NSLC is limited, your responses are very important in helping the Admissions Committee determine if a student should be admitted to the Nenana Student Living Center. In the best interest of the student, **please take the time to address each of the questions below.** If you are unfamiliar with the expectations of the Nenana Student Living Center or the Nenana City Public School District, please call or visit the website to gain more specific knowledge (<http://nenanalynx.org>)

If any statements on this application are proven to be false or if you have withheld information that has been asked for, the student may either be denied entrance or dismissed from the Nenana Student Living Center.

1. Please give the name and location of the high school available to the applicant, or, if none is available, please indicate _____.

2. Approximate number of students currently enrolled in this school? _____.

3. In your opinion how can the Nenana City Public School District best help this student?

4. Please answer the following. If the answer to any of these questions is **YES** attach an explanation.

- | | | |
|--|---------|--------|
| Does the student show a lack of respect for authority, peers, or property? | ___ Yes | ___ No |
| Does the student have a history of: | | |
| • Psychiatric problems | ___ Yes | ___ No |
| • Drug/Alcohol problems | ___ Yes | ___ No |
| • Tobacco Use | ___ Yes | ___ No |
| • Violent behavior | ___ Yes | ___ No |
| • Other inappropriate behavior | ___ Yes | ___ No |
| • Does this student have a Probation Officer? | ___ Yes | ___ No |
| • Overall, does the student exhibit behavior that could be excessively disruptive or dangerous to others in a dormitory setting? | ___ Yes | ___ No |

5. Describe this student's work ethic.

6. Do you believe this student has the social skills to succeed in a dormitory setting?

Teacher Assessment (Continued)

7. Does the student have attendance issues we should be aware of?

8. The Nenana Student Living Center requires students to be actively engaged in academic learning, to demonstrate responsible citizenship, and to live in a dormitory setting away from home or familiar settings. Do you believe that this student has the motivation and individual strength to complete at least **one full school year** in such a setting? ___ Yes ___ No Comments:

9. IMPORTANT: Would you characterize this student as generally compliant and capable of accepting direction from a variety of adults? ___ Yes ___ No Comments:

10. Is this student currently receiving Special Education services? ___ Yes ___ No

Does this student have a current IEP? ___ Yes ___ No

(This in no way affects enrollment consideration. This information is to assure that we gather all required records for each student who is enrolled and will be kept confidential)

11. Any special concerns or circumstances that you are aware of that should be taken into consideration?

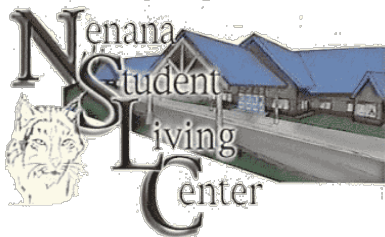
12. I would like somebody from the school to call me, so I can confidentially discuss my responses on this assessment ___ Yes ___ No Phone# _____

PRINTED NAME AND TITLE OF PERSON COMPLETING ASSESSMENT:

Name _____ **Title** _____

Signature _____ **Address** _____

PLEASE RETURN THIS ASSESSMENT TO:
Nenana Student Living Center – Confidential Information
P.O. Box 442, Nenana, Alaska 99760
Attention: Admissions Committee
Phone: (907) 832-2000 Ext 321 Fax: (907) 832-5277
E-mail Address: supt@nenanasd.org Website: <http://nenanalynx.org>
Nenana Student Living Center part of Nenana City Public School District



TEACHER ASSESSMENT

Student Applicant _____

Community _____

Date _____

Two educator (teacher, counselors, home school teachers or administrators) assessments are required as part of the Nenana Student Living Center application. **All information is confidential and will be reviewed only by persons directly involved in the admissions process.** Individuals completing this form should have sufficient knowledge of the applicant to provide the information requested.

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If any statements on this application are proven to be false or if you have withheld information that has been asked for, the student may either be denied entrance or dismissed from the Nenana Student Living Center.

1. Please give the name and location of the high school available to the applicant, or, if none is available, please indicate _____.

2. Approximate number of students currently enrolled in this school? _____.

3. In your opinion how can the Nenana City Public School District best help this student?

4. Please answer the following. If the answer to any of these questions is **YES** attach an explanation.

- | | | |
|--|---------|--------|
| Does the student show a lack of respect for authority, peers, or property? | ___ Yes | ___ No |
| Does the student have a history of: | | |
| • Psychiatric problems | ___ Yes | ___ No |
| • Drug/Alcohol problems | ___ Yes | ___ No |
| • Tobacco Use | ___ Yes | ___ No |
| • Violent behavior | ___ Yes | ___ No |
| • Other inappropriate behavior | ___ Yes | ___ No |
| • Does this student have a Probation Officer? | ___ Yes | ___ No |
| • Overall, does the student exhibit behavior that could be excessively disruptive or dangerous to others in a dormitory setting? | ___ Yes | ___ No |

5. Describe this student's work ethic.

6. Do you believe this student has the social skills to succeed in a dormitory setting?

Teacher Assessment (Continued)

7. Does the student have attendance issues we should be aware of?

8. The Nenana Student Living Center requires students to be actively engaged in academic learning, to demonstrate responsible citizenship, and to live in a dormitory setting away from home or familiar settings. Do you believe that this student has the motivation and individual strength to complete at least **one full school year** in such a setting? ____ Yes ____ No Comments:

9. IMPORTANT: Would you characterize this student as generally compliant and capable of accepting direction from a variety of adults? ____ Yes ____ No Comments:

10. Is this student currently receiving Special Education services? ____ Yes ____ No

Does this student have a current IEP? ____ Yes ____ No

(This in no way affects enrollment consideration. This information is to assure that we gather all required records for each student who is enrolled and will be kept confidential)

11. Any special concerns or circumstances that you are aware of that should be taken into consideration?

12. I would like somebody from the school to call me, so I can confidentially discuss my responses on his assessment
____ Yes ____ No Phone# _____

PRINTED NAME AND TITLE OF PERSON DOING ASSESSMENT:

Name _____ Title _____

Signature _____ Address _____

PLEASE RETURN THIS ASSESSMENT TO:
Nenana Student Living Center – Confidential Information
P.O. Box 442, Nenana, Alaska 99760
Attention: Admissions Committee
Phone: (907) 832-2000 Ext 321 Fax: (907) 832-5277
E-mail Address: supt@nenanasd.org Website: <http://nenanalynx.org>
Nenana Student Living Center part of Nenana City Public School District

PARENT REQUEST FOR RELEASE OF EDUCATIONAL RECORDS

(Parents fill out this form and deliver to your student's current school)

School Name: _____ Phone: _____
Address: _____ Fax: _____

ATTENTION REGISTRAR or RECORDS DEPARTMENT

<u>NAME OF STUDENTS</u>	<u>BIRTHDATE</u>	<u>GRADE</u>

PLEASE FORWARD THE FOLLOWING INFORMATION BY **FAX** to 832-5277:

Any and all **Transcripts, Withdrawal grades, Test scores, Special Education Records (if applicable), Health/Immunization Records, Attendance Records, Birth certificate and Psychological/diagnostic evaluations.**

PLEASE SEND CARNEGIE CREDITS (A -F) TRANSCRIPTS
FOR ALL GRADES 7TH - 12TH.

I _____ (parent/guardian) request that the records listed above be forwarded to the Nenana Student Living Center.

Parent Signature

Date

This request is for applicant processing only, and does not represent acceptance into the Nenana Student Living Center at this time, the information provided will be reviewed by the Selection Committee upon receipt.

NOTICE OF CONFIDENTIALITY: THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, DISTRIBUTION, OR COPYING OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND THEREAFTER DESTROY THE TRANSMITTED COPY. THANK YOU

CONSENT FOR EMERGENCY AND ROUTINE MEDICAL CARE IN RESIDENTIAL FACILITIES

Nenana Student Living Center Staff is authorized to give permission for _____
(Child's Name)

DOB _____ to receive emergency medical, surgical, dental, or optical care and routine medical, dental, or optical care, including check-ups, immunizations, and/or treatment for minor illnesses and accidents.

In an emergency this form also authorizes the care provider to immediately seek medical assistance for the child. When the incident is life threatening or requires hospitalization the care provider immediately informs the parent or guardian. When possible/appropriate, the parent/guardian will be contacted to give consent for routine medical treatment. Parental/guardian consent is especially important for any major emergency medical care including surgery or use of general anesthesia.

Non-emergency major medical care always requires consent from the parent(s) or guardian before the care may be provided. Examples include surgery, anesthesia, psychotropic medication or any drugs prescribed for mental illness or behavior problems.

Provider must contact parent directly Mother Father

Mother: _____ Home Phone: _____ Work Phone: _____

Father: _____ Home Phone: _____ Work Phone: _____

If practical, the following Medical Providers should be used:

Doctor: _____ Phone: _____

Therapist: _____ Phone: _____

Dentist: _____ Phone: _____

Date of last physical exam: _____ Conducted by: _____ Phone: _____

Child determined eligible for Denali Kid Care Yes No Denali Kid Care # _____

(Staff will apply for Denali Kid Care coverage for your child during their residence at NSLC)

Child determined eligible for Medicaid Yes No Medicaid # _____ ANHS eligible

Medicaid has been applied for. Until approval is received, forward medical bills to the parent at the following address: _____

The medical provider is permitted to provide necessary medical information to the payor. The medical provider will release all medical information to the NSLC with regards to medical care facilitated by the NSLC .

Parent Signature

Printed Name of Parent

Date

PARENT PERMISSION RELEASE FORM

NSLC Staff and Dorm Parent:

I give permission for my child(ren), _____, residing at the Nenana Student Living Center, to be released to (5 people)

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

These people will be able to pick them up for overnight stays, dinner, trips to Fairbanks, Anchorage, or other destination with proper ID. I understand that the NSLC staff will determine whether or not a sleep over will or will not disrupt the student's schoolwork, and make a proper decision accordingly. I also understand that sleepovers will be kept to non-school nights, which are Friday and Saturday nights, or other nights that precede a school holiday, inservice, or break. I also give permission for NSLC staff and NCSD personnel to give rides and sign permission slips for any sport or school activity that my son/daughter will want to participate in.

If any statements on this application are proven to be false or if you have withheld information that has been asked for, the student may either be denied entrance or dismissed from the Nenana Student Living Center.

Under NO circumstances is the NSLC able to release students to anyone under 21 years of age.

Parent Signature

Printed Name of Parent

Date

NSLC TOP TWELVE LIST

Things we want to make sure parents and students understand:

1. Medical: NSLC will not be responsible for major surgery and/or physical therapy. Student must be with family during this time.
2. Trips to Fairbanks: There will be many outings to Fairbanks planned. These trips are for group activities and shopping. They are not intended to be a taxi service for students wanting to be dropped off for the weekend. Transportation for personal trips is to be the sole responsibility of the student and their parent(s). The NSLC needs at least 7 days notice for any airline travel planned by the student's parents. If, for some reason, NSLC staff are asked by the parent to transport a student to or from Fairbanks, there will be a \$50.00 service fee, to be paid in advance, for gas and staffing. Planned medical appointments should be made for Tuesday.
3. Curfew: Students must be in the building at 9:45 pm on school nights, and 11:00 pm on weekends.
4. Personal spending money: While many things are provided, not every expense is covered. Students will need their own money (for movies, meals out, dances, performances, personal care items, postage, phone cards, etc.) An easy way of providing money for your child is to set up a bank account that has an ATM card. You can then deposit or transfer whatever amount of money you would like for them to have on a monthly basis. There is an ATM available in Nenana along with many in Fairbanks. It is more secure for them to have small amounts when needed rather than carrying around a large amount of cash.
5. Anti-Theft Security: Wardrobes with locks are provided for each student at the beginning of the school year, they will be responsible to secure their cash, ATM card, calling card, I-pod and/or anything else of value.
6. Laundry room: Washers and dryers will cost \$0.25 per load. All laundry must be finished and out of the laundry room before lights out. The laundry room will be locked at night. Students will need to provide their own laundry detergent and other laundry aids.
7. Motor vehicles: For the safety of all concerned, your child will not be allowed in a vehicle with a driver under the age of 21. Your child will ride in vehicles with approved drivers only.
8. Student check out procedures: Students are able to come and go from NSLC, however, we insist that staff know where they are and when they will be back. This is accomplished through a sign out sheet (all students are required to use the sheet whenever they leave campus). There is also a weekend checkout procedure that must be followed and a checkout slip that must be filled out 24 hours in advance.
9. Daily chores: All students are assigned daily chores, in addition to keeping their room clean. They will take turns in the kitchen, cleaning the laundry room, vacuuming the hallways and Lynx Den and etc. We feel this helps give the students a sense of ownership and responsibility for their residence.
10. Universal Study Hall: 8th period study hall at Nenana City Public School from 2:55 pm until 3:50 pm. From 6:00 pm and 7:30 pm, there is quiet time at NSLC. All students check in at study hall. Once they have signed in they have several options, depending on their academic status. Some may choose to study independently, in their room. However, students with referral slips, missing assignments, or low grades will be required to remain in assigned tutored study halls, until satisfactory progress has been made. We do provide tutors and other learning assistance five nights per week.
11. Personal Electronic Devices: Personal electronic devices are allowed at both the NSLC and Nenana City Public School. Devices will be confiscated if used during study hall at the NSLC or during class time at school. Devices will be confiscated if used after lights out. If a cell phone is taken from a student they may use the NSLC phone system to place a call home if necessary or desired. Cell phones may be checked by staff if they believe it contains evidence of misconduct.
12. Nenana Religious Organizations: NSLC students are permitted to attend any religious services they wish (this includes youth groups, holiday performances and other church sponsored events). If a student wishes to attend a service; the parent will be contacted and that organization will be added to the student's Check-Out List on file; along with the drivers used by that organization. Students will not be taken on trips outside of Nenana by any organization other than Nenana School District without the express permission of their parents or guardians.

Parent Signature _____ Printed Name of Parent _____

This list was compiled to avoid any misunderstandings that parents and students may have. Each of these 12 points is addressed in the NSLC parent/student handbook. Please take time to read it and feel free to ask for clarification on anything you question or do not understand.

TITLE VII STUDENT ELIGIBILITY CERTIFICATION

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
---	--	-------------------------------------	--

Name of individual with tribal membership: _____

Individual named is (check one):

Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

Membership or enrollment number (if readily available) _____ **OR**

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

HOME LANGUAGE SURVEY

____NENANA CITY PUBLIC SCHOOL____
This form is required by state and federal law.

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact: ____Judy Jensen__ 832-2000__ or Andy Corbin__ 832-5464____

Student Name: _____ **Alaska Student ID #:** _____
(Last Name, First Name)

Place of Birth: _____ **Date of Birth:** ____/____/____
Month Day Year

School: _____ **Grade:** _____ **Gender:** Female Male

PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify
2. What language(s) does the student currently use in the home?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify
3. Is this student participating in a student exchange program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. When did the student first attend a school in the United States (if known)?	____/____ <small>Month Year</small>	

PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and State			
2. First language learned			
3. Language(s) spoken to the student			
4. Language(s) spoken in the adult's home			

* Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

PART III: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Only the other language, no English	Mostly the other language, some English	The other language & English equally	Mostly English, some of the other language	<u>Only English</u>
A. When the student speaks with family , he/she speaks:					
B. When the student speaks with friends , he/she speaks:					

Parent/Guardian Signature:	Phone Number:
Printed Name:	Date:

MIGRANT ACTIVITIES

Nenana City Public School

P.O. Box 10

Nenana, AK 99760

Phone: (907) 832-5464 ext. 168; Fax: (907) 832-5625

RE: Migrant Activities

Dear Parent:

Every year I do a survey of students enrolled though Nenana School District to try and determine who has made a living by either fishing, logging or agricultural work. If you could answer these questions as soon as possible and return this survey to me, I would greatly appreciate it.

Have you gone either subsistence or commercial fishing within the last 3 years? yes no

Have you done logging or agricultural work within the last three years? yes no

Did you take your child(ren) with you? yes no

Did you stay a total of 8 days and 7 nights? yes no
(This must be a combination of at least 2 days and 1 night at a time)

If you answered yes to any of these questions I would like to visit with you over the phone. You may be eligible for a program that would benefit our school district.

Thank you for taking the time to answer this survey and please call me if you have any questions. I look forward to talking with you.

Student Name: _____

Parent Name: _____

Tel No.: _____

Sincerely,

Susan Kauffman
Superintendent Secretary/Migrant Ed. Recruiter

HEALTH INFORMATION

Student Name: _____ Today's Date: _____

Phone Number: _____ Health Care Provider: _____

The following information is considered confidential and is for use by NSLC staff, teachers, principal, school nurse/health staff, or other staff who will be in contact and responsible for your child during the school day.

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

_____ Cancer	_____ Kidney/Bladder Disease	_____ Vision Problems	_____ ADD
_____ Diabetes	_____ Convulsions, Seizures	_____ Hearing Problems	_____ ADHD
_____ Heart Disease	_____ Orthopedic/Bone	_____ Social/Emotional/Behavioral Concerns	
_____ Autism	_____ Bowel Concerns	_____ In Counseling	

_____ Allergies: Medications? _____ Food? _____ Other Allergens? _____ Severe? Yes / No

How do these allergies present? _____

Does the student have medication for the allergies? _____

_____ Asthma Provoked by: _____ Severe? Yes / No

Does the student have medication for the asthma? Yes / No If so, please list it here _____

If your student has any of the above conditions, has the condition been diagnosed by a medical doctor? Yes / No

If yes, what is the doctor's name? _____ Phone # () _____

Has the student been treated for or hospitalized for psychiatric problems or depression? Yes / No If so, where, when, and for how long? _____

Has the student been treated for alcohol or drug use? Yes / No If so, where, when, and for how long?

Does the student take any medications for any other reason? If so, please list them here:

Failure to disclose any medical conditions may result in your child being exited from the NSLC at the parent/guardian's expense.

I _____ (printed parent name) believe that the health information listed above is true and accurate.

Parent Signature

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT



As legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand the Nenana City Public School District, its employees and its Board (1) assume no liability of any nature in relation to the transportation or treatment of said minor, and (2) is not responsible for the medical bills in the event of an injury to my child.

FAMILY DOCTOR	ADDRESS	DATIME PHONE
HEALTH PLAN/INSURANCE (I.E. BLUECROSS)		GROUP/POLICY NO.
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:		
OTHER MEDICATIONS BEING USED:		
MY CHILD HAS THE FOLLOWING HEALTH PROBLEMS:		
SIGNATURE OF PARENT OR GUARDIAN:		DATE:

Should we be unable to contact you, please provide information for other individuals to be contacted in case of an emergency.

Emergency Contact Information:

Name: _____ Relationship to Student: _____ Phone: _____
 Name: _____ Relationship to Student: _____ Phone: _____

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION @ NSLC

The NSLC and occasionally has the need to dispense over-the-counter medications to students for a variety of ailments such as cold, headaches, and upset stomachs. The following is a list of over the over-the-counter medications dispensed by the NSLC:

- | | | |
|----------------------------------|----------------------------|---------------------------|
| *Acetaminophen | *Ibuprofen | *Aspirin |
| *Midol | *Nasal Decongestant | *Vicks Dayquil Cold & Flu |
| *Alka-Seltzer Plus Cold Medicine | *Sore Throat Spray | *Halls Cough Drops |
| *Benadryl | *Children's Allergy Relief | *Imodium Anti-Diarrhea |
| *Pepto Bismol | *Tums | *Malox Advanced |
| *Vicks Vapo Steam | | |

I give permission to the NSLC staff to dispense the above over-the-counter medications to my child

_____ (student name) if needed.

Parent Signature

I do not wish to have the following medications dispensed to my child _____ (student name):

Parent Signature

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION @ NENANA SCHOOL

During the school day, over the counter medication dispensing is limited to the following:

- | | | |
|----------------|---------------|--------------|
| *Acetaminophen | *Ibuprofen | *Cough Drops |
| *Tums | *Pepto Bismol | |

I give permission to Nenana City Public School office staff members to dispense the above medications to my child _____ (student name).

Parent Signature

I do not wish to have the following medication dispensed to my child _____ (student name).

Parent Signature

AUTHORIZATION FOR RELEASE OF IMMUNIZATION/TB RECORDS

TO COMPLY WITH ALASKA'S "NO-SHOTS NO-SCHOOL" LAW

06-5906 (07/21/04)
HIPAA Compliant

Prepared by Alaska Department of Health and Social Services

The purpose of releasing this information is to allow schools, childcare facilities and other centers that house school-age children to comply with Alaska's "No-Shots No-School" law. In many cases, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires written authorization before personal medical information can be released by a health care provider or health care organization. This form authorizes only the release of immunization records and/or confirmation of tuberculosis screening. **I understand that this does not authorize release of any other personal medical information.**

Student Name: _____

Date of birth: _____

Name of parent / guardian: _____

Health care provider / organization releasing information: _____

School / organization requesting information: _____

Description of information to be released (check one or both):

- Immunization records**
- Tuberculosis screening and results**

I hereby authorize the disclosure of immunization records and / or tuberculosis screening information as described above. I understand that this authorization is voluntary. I understand that a health care provider may not condition treatment on whether I sign this authorization. I understand that if the person(s) or organization(s) authorized to receive this information is not a health plan or health care provider, the released information *may* no longer be protected by federal privacy regulations. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may revoke this authorization at any time by notifying the organization releasing this information in writing. If I do revoke this authorization, I understand it won't affect actions taken before my revocation was received. I understand that I may request a copy of this authorization.

Please check ONLY one:

I additionally authorize the re-disclosure of immunization records and/or tuberculosis screening information to other school or health care authorities should my child move to another school or school district AND I understand that this authorization to re-disclose will expire when the student reaches the age of majority or when this authorization is revoked.

I DO NOT authorize further re-disclosure of this information and request that this authorization expire:
_____ When student moves or graduates from the school or organization listed above or when this authorization is revoked.
_____ Other (specify date): _____

Parent Signature

Printed Name of Parent

Today's date: _____

CONSENT FOR TUBERCULIN TEST

Student Name: _____
Date of birth: _____ Gender : _____ Male _____ Female

Please check and complete one of the following and sign.

1. _____ Yes, I give my consent for _____ to have an annual tuberculin test, when it is indicated, during the period he/she is enrolled in the Alaska School System.
2. _____ No, I do not consent for _____ to have an annual tuberculin test.
Reason: _____
3. _____ My child, _____, already has a positive tuberculin test.
4. _____ I have this done by our physician on a yearly basis and I will bring in a copy of the test results each year for my child's health record.

Parent Signature

Date

Note: At this time, ALL students are required to have an annual Tuberculosis Test each and every school year while enrolled at Nenana City Public School. These tests are completed each fall by the Public Health Nurse. If you DO NOT wish to have this test completed at Nenana City Public School, you will be REQUIRED to have your student tested at your own expense through your health care provider, and forward the results to the school.

EXTRA-CURRICULAR ACTIVITIES

Student Name: _____

Nenana City Public School offers a wide variety of Extra-Curricular activities throughout the school year. We would like to know what interests your student has by completing the survey below.

Please check the activities that your student would be interested in participating in while attending Nenana City Public School.

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Cross Country Running | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Music/Band | <input type="checkbox"/> Choir |
| <input type="checkbox"/> Native Youth Olympics | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Drama | <input type="checkbox"/> Student Government |

In order to compete at the high school level, ALL athletes have to complete an ASAA Sports Physical. This physical form also meets the requirement for acceptance to the NSLC, it can be downloaded at: www.asaa.org

SUGGESTED PACKING LIST FOR NSLC STUDENTS

- | | |
|--|--|
| <ul style="list-style-type: none">• Bedding (sheets, blankets, pillows, etc.)• Sleeping bag (if you plan on joining sports)• Pictures (for memories and decoration)• Alarm clock• School supplies• Clothing for winter (Nenana winters reach -50 degrees at times)• Other decoration or things that remind you of home• POSITIVE ATTITUDE!!! | <ul style="list-style-type: none">Toiletries (toothbrush, toothpaste, shampoo, etc.)Native ID card or CIB (Certificate of Indian Blood)Phone cardStereo, MP3 player, DiscmanDesk lamp (if you want one) |
|--|--|

What NOT to bring:

drugs	weapons
alcohol	tobacco
bad attitude	clothing with sex, drug, alcohol, or tobacco references
too much stuff – just bring essentials	

PERMISSION TO PUBLISH STUDENT PHOTO

Student Name: _____

Purpose for publishing student photographs:

As a means of communicating information about school programs, classroom activities, scheduled events, etc. throughout the school year, Nenana City Public Schools may publish student photos in school newsletters, school documents, or enrollment forms that may be distributed throughout the community, or mailed out to parents of current or perspective students.

- I understand that my student's photograph may be published throughout the school year in the above listed documents, and grant permission for such publications.

- I deny permission for such publications this year.

Parent Signature

Date

Throughout the school year the district may also elect to publish student photographs on the school web site, <http://nenanalynx.org>. Due to the vast difference between printed information and web based information we would like a separate permission for web postings. Web postings will be limited to photographs, and first names only. Again, these postings will only be done as a way to communicate with parents, and as a way to showcase the many successful programs and activities that happen throughout the year.

- I understand that my student's photograph and/or first name may be published throughout the school year on the school web site, and grant permission for such publications.

- I deny permission for such publications this year.

Parent Signature

Date