

Student Enrollment
Enrollment packets due August 14, 2017
Learning begins September 5, 2017



Alutiit'stun Niuwawik

300 Alimaq Drive
Kodiak, AK 99615
907.512.5995

Like us on Facebook at <https://www.facebook.com/CommunityAlutiiqLanguageNight/>

Welcome! We are pleased to have you join us in this journey to provide your child with a culturally relevant, early childhood Alutiiq language immersion experience. Each day will be a celebration and experience in sustaining the many ways of speaking the language of this place we call home. Alutiit'stun Niuwawik serves as a place of celebration where culture, self-identity, and wellbeing develop our most significant asset – our children. Our work, and the work we ask of each family, stems from the following beliefs and goals:

- Language carries culture, self-identity, and wellbeing
- Our youth are our most significant asset, and assisting them our first and foremost obligation
- The development of culturally relevant early childhood Alutiiq language immersion education is an important part of developing future speakers of the language
- We seek to increase family and community motivation and capacity to speak Alutiiq together
- Every day is a celebration of the many ways of speaking Alutiiq
- Healthy childhood development leads to healthy family, community, state and nation development
- Alutiiq is the language of this place and the language that expresses the values and knowledge of their people and best describes this place in the world that we all call home.

Registration will **be complete** when all items are turned in:

Application for admission

- Parent agreement
- Health information
- Media release forms

Copy of birth certificate

\$50 registration/tuition fee, per semester

Copy of most recent immunization record

For office use only:

Registration packet contents complete: _____

Language pre-assessment meeting with Teachers set for: _____

Teacher/Administrator signature: _____

Application for Admission and Student Information

Child's Last Name	First	Middle
Child's Nickname	Child's Alutiit Name	Child's t-shirt size
Street Address	Mailing Address (if different)	Home Phone Number
City	State	Zip

Information for Administrative use only: [Please check the appropriate box(es)]:

Student's Ethnic Background:	Tribal Membership:	Corporate Decendance:
<input type="checkbox"/> Native American	<input type="checkbox"/> Sun'aq Tribe of Kodiak	<input type="checkbox"/> Afognak Native Corp.
<input type="checkbox"/> Black	<input type="checkbox"/> Alutiit Tribe of Old Harbor	<input type="checkbox"/> Akhiok-Kaguyak, Inc.
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Village of Afognak	<input type="checkbox"/> Koniag, Inc.
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Village of Akhiok	<input type="checkbox"/> Lesnoi, Inc.
<input type="checkbox"/> White	<input type="checkbox"/> Kaguyak Village	<input type="checkbox"/> Natives of Kodiak, Inc.
<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Native Village of Karluk	<input type="checkbox"/> Old Harbor Native Corp.
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Native Village of Larsen Bay	<input type="checkbox"/> Ouzinkie Native Corp.
<input type="checkbox"/> Other	<input type="checkbox"/> Native Village of Ouzinkie	<input type="checkbox"/> Uyak, Inc.
	<input type="checkbox"/> Native Village of Port Lions	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Tangirnaq Native Village	
	<input type="checkbox"/> Other: _____	

Applicant lives with (Check those that apply):

Father Mother
 Stepfather Stepmother
 Additional _____

Family Information: (In case of an emergency the following individuals will be contacted in the order listed below)

1. Parent/Guardian's name: _____ Phone number#1: _____
Phone number#2: _____ Home street address: _____
Work number: _____ Employer: _____ Work place address: _____
Email: _____

2. Parent/Guardian's name: _____ Phone number#1: _____
Phone number#2: _____ Home street address: _____
Work number: _____ Employer: _____ Work place address: _____
Email: _____

3. Parent/Guardian's name: _____ Phone number#1: _____
Phone number#2: _____ Home street address: _____
Work number: _____ Employer: _____ Work place address: _____
Email: _____

Siblings:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been evaluated for Special Education Services/ IEP?..... Yes No

If yes, explain: _____

Child's Health Information

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

List any health concerns or conditions, including asthma, diabetes, allergies, epilepsy, physical limitations, and etc.:

My child wears: Glasses Hearing aids

List Medications _____

Will medication need to be at school? Yes No If yes, dosage (time/quantity) _____

Medical Authorization

I agree to pick up my child if he/she is sick or injured. If I cannot be reached, the above emergency contacts can be called to pick up my child. I give the Alutiit'stun Niuwawik staff my permission to take my child to a hospital to receive emergency treatment. I hereby consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child under the general or direct supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. I also consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to my child by a dentist under the provisions of the Dental Practice Act. I authorize the medical facility to release my child into the custody of a school representative should hospital care no longer be needed. I understand that this is only in an extreme emergency and when the parent or legal guardian cannot be reached. I understand that I am responsible for any expenses incurred by the medical and/or dental diagnosis or treatment.

Parent / Guardian's Name

Date

Other Persons Authorized to Pick up Child

Under no circumstances will the child be released to anyone not listed on this form without written/verbal permission from the parents or legal guardians.

Name	Home Phone	Work Phone	Cell Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Permission & Release Form 2017-18

This serves as permission and release for your child during the entire 2017-18 school year.

Activities Permission: Throughout the school year there may be opportunities for field trips. In most cases, you will be informed prior to each activity. If you object to your child going on the school activity, please notify the school at that time. Classes will also occasionally take advantage of breaks in the weather or unexpected opportunities to explore nearby locations.

Yes, my child has permission to participate in field trips.

No, I do not want my child to participate in field trips.

Permission for Publication of Information: We print a variety of lists that include family address, email address, and telephone number. If you prefer that your contact information not be provided in this way, please check the appropriate box:

Yes, you may include my contact information

No, I don't want my contact information shared

Photograph and Interview Release: I hereby grant consent to use and release to the *Tamamta Liitukut* and *Alutiit'stun Niuwawik* the use of my name and likeness and that of my children, whether in still, motion pictures, audio and video tape; my photograph and photos of my child(ren) and/or reproductions of me and my child(ren) including our voice (which includes commentary, remarks, and/or recordings); our features with or without our names, for any promotional purposes involving the *Tamamta Liitukut* and *Alutiit'stun Niuwawik*, for new and/or feature stories in publications or other media (which includes internet, print, radio, television) or for other purposes whatsoever, except for the endorsement of any commercial products. *These items may be used without limitation or reservation of any fee.*

Yes, my child may be photographed, interviewed and/or recorded

No, I do not want my child photographed, interviewed and/or recorded for any reason

Print Child's Name

Parent/Guardian Signature

Date

Parent Agreement

1. I/We commit to uphold the policies expressed in our Parent & Student Handbook.
2. I/We commit to practicing and using the Alutiiq Language beyond the school setting. This includes attending community language night bi-weekly.
3. I/We commit to volunteering in the form of sharing time and talent in the following ways (The intent is to involve parents in the educational process in a way that is beneficial to students, satisfying to parents and helpful to the school. Volunteer ideas are listed below):

4. Upon entering Alutiit'stun Niuwawik, I/We commit to speaking only the Alutiiq Language.

***I hereby certify that the information presented on this form is true, accurate and complete.
I understand that it is my responsibility to update any and all information as it changes.***

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

- Volunteer opportunities include, but are not limited to the following activities:
- Assist teachers in materials prep (cutting, making sample projects, etc.)
- Share an age appropriate art activity, game, song, dance, etc.
- Prepare a snack for the group
- Assist on-site with groups or individuals
- Make dress-up clothing or other materials for instruction and creative play
- Provide assistance during free playtime, beginning of day, and/or end of day
- Accompany group on field trip



Recording Gift and Release Agreement

Thank you for your generous contribution of knowledge to the Alutiiq Museum collection. We welcome the opportunity to have audio/video recording(s) from the *Tamamta Liitukut* project:

The Alutiiq Museum agrees to add recordings to its collections and make it available to the public.

In consideration of the role the museum plays in preserving and making your recording available, we ask you to agree to the following:

I agree not to hold the Alutiiq Museum liable for how it makes the recordings available and how it preserves them. I further acknowledge that I have been informed of the following:

- The Alutiiq Museum makes recordings available to researchers, writers, scholars, students, and the interested public.
- This recording may be made electronically accessible via local area networks, the Internet, or other electronic means for access and preservation purposes.
- While the museum only intends to make the recordings available for educational and/or non-commercial purposes, by signing this form I release the Alutiiq Museum from liability in cases where individuals who access a recording might violate these conditions.

Please be assured that we will do all that we can to inform users of these conditions to minimize the potential for misuse. **None of the above conditions restricts you from retelling or recording again any of the information you gave on this recording.**

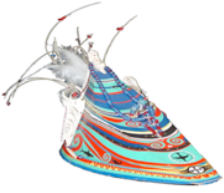
(printed name)

(signature & date)

(mailing address)

(Signature and date of parent or guardian if participant is under 18 years of age)

(Project manager's signature & date)



Sun'aq Tribe of Kodiak

Media release form

I give permission to Sun'aq Tribe of Kodiak to use my image (or my child's, if under 18) for non-commercial or educational purposes, in video, audio, digital, or print publications, including but not limited to the Sun'aq Tribe of Kodiak website. I understand that my image may be used to help illustrate and explain programs and activities that are part of the tribe. [I also give permission to release such media files to the news media in support of the programs. *is this necessary or included in previous?*]

I recognize that these photographs, video, audio, or other multimedia files are the property of Sun'aq Tribe of Kodiak.

It is the policy of Sun'aq Tribe to NOT use names or otherwise identify any of the subjects in any photo used unless that information is pertinent to the text (for example, the subject is an award winner, scholarship recipient, etc.).

I give my permission for my name to be used if it is pertinent to the story in which my image is used.

Please do not use my name under any circumstance.

Printed Name

Signature (parent or guardian
if participant is under 18)

Date
