



**Alaska Native Heritage Center
8800 Heritage Center Drive
Anchorage, AK 99504**

Phone 907-330-8000
Fax 907-330-8003



2009-2010 High School Program Application

Student Information

Print Name (First/Last) _____

Physical Street Address (NO PO Boxes) _____

This information will be used by ANHC van drivers to drop the student off at home or the nearest ASD bus stop after the program. If there are any changes in the normal drop-off point, ANHC must be notified in advance.

City _____ **State** _____ **Zip** _____

School _____ **Grade** _____ **School Counselor** _____

Please check each Alaska Native Corporation with which you are affiliated:

- | | |
|--|--|
| <input type="checkbox"/> AHTNA | <input type="checkbox"/> Cook Inlet Regional Corporation |
| <input type="checkbox"/> Arctic Slope Regional Corporation | <input type="checkbox"/> Doyon Limited |
| <input type="checkbox"/> The Aleut Corporation | <input type="checkbox"/> Koniag, Inc. |
| <input type="checkbox"/> Bering Straits Native Corporation | <input type="checkbox"/> Nana Regional Corporation |
| <input type="checkbox"/> Bristol Bay Native Corporation | <input type="checkbox"/> Sealaska Corporation |
| <input type="checkbox"/> Calista Corporation | <input type="checkbox"/> The 13 th Regional Corporation |
| <input type="checkbox"/> Chugach Alaska Corporation | |

*** Student:**

Select in order from 1 – 5 the class(s) you would like to participate in, 1 being the first choice.

Traditional Art	Dance	Media	Native Games	Leadership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please remember that you are allowed to make class changes only upon the approval of the HSP Director.

Alaska Native Heritage Center is solely responsible for the content of this material.

Primary Parent/Guardian Information

Name _____

Mailing Address _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Secondary Parent/Guardian Information

Name _____

Mailing Address _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Information

Name _____ Phone _____

Name _____ Phone _____

Medical Information

Name of Physician _____ Phone _____

Health or Physical Conditions _____

Medication _____

Allergies _____

In the event of an emergency, I authorize that the student be referred to any appropriate or convenient health care facility or to: _____

Parent/Guardian Signature: _____ Date: _____

Choose one method of transportation for the student:

- I hereby authorize the above student to participate in the ANHC High School Program and to be transported in ANHC vehicles from his/her school to the Center and back home, the student's regular bus stop or a designated location (as yet to be decided). Students from Bartlett, Dimond, East, Service, South and West may only be dropped off within those schools' boundaries. Eagle River and Chugiak students will be dropped off at one central point, Eagle River Walmart.

All drop-off locations are subject to review by ANHC prior to the student's enrollment or transportation to the Center and some may not be eligible for ANHC transportation due to distance or accessibility. Students will only be dropped off at the locations designated in writing and signed by their parent/guardian. Temporary changes in drop-off location must be in writing, signed by the parent/guardian and turned in at least 24 hours in advance.

Bad weather conditions may require cancellation of the day's program, or alternative student drop-off times/locations. Schools will be notified by 12:00 p.m. of any a changes.

Disruptive behavior, physical conflict, illegal drugs and other serious infractions on ANHC vehicles will not be tolerated. Engaging in disruptive behavior will result in disciplinary action, potentially including suspension, or expulsion from the program, or police charges where applicable.

- I will personally provide transportation for my student from his/her school to the Center and back home.
- I (the student) am 18 years of age and have my own transportation to and from ANHC.

Please Note:

Any student being picked up from the Alaska Native Heritage Center will only be allowed to leave on the van or with a parent/guardian (named on this form). If the student is being picked up at ANHC prior to 5:00 p.m. parent/guardian will be required to fill out a student release form and show identification at the front desk.

Students will not be allowed to ride to/from ANHC with friends, ride the People Mover, or walk without prior written communication from the parent/guardian.

Acknowledgment and Agreement

I understand that the student may be using sharp objects; and will be photographed and video taped for educational, promotional, and archival purposes. I hereby consent to the release of all photos and videos.

I waive any and all claims against the Alaska Native Heritage Center, their employees, servants and agents in connection with the above-named student's participation in the High School Program.

Print Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

This form MUST be turned in to ANHC staff BEFORE you ride the ANHC van or attend class.

THIS SPACE RESERVED FOR OFFICIAL H.S.P. USE ONLY
ANHC High School Program Acceptance

Staff Signature _____ Date _____

Student Behavior Contract

Alaska Native Heritage Center/ANHC High School Program

Welcome to the Alaska Native Heritage Center's High School Program 2009-2010. We are glad that you are here and we are excited about working with you!

At the Center, you will find an accepting, friendly, and mutually supportive atmosphere. We are very proud of our facility, grounds, staff members, and students!

Please read the following list of expectations and their corresponding rules of conduct carefully before signing the ***Student Behavior Contract***. If there is anything that you do not understand, please discuss it with your instructor prior to signing the contract.

We sincerely appreciate your contributions to the Alaska Native Heritage Center. All of us at the Center welcome you and wish you much success as you learn and enjoy your time with us!

I will:

Respect members of the ANHC staff, adults, and my fellow students.

- Be polite to everyone and treat others as I would like to be treated.
- Show appreciation for knowledge and expertise of teachers, elders, and guest presenters by listening attentively.

Respect the Center.

- Enjoy the displays and take pride that my culture is represented.
- Do my part in keeping the Center clean and orderly.
- Report any damage immediately so that it can be repaired.

Respect the High School Program (HSP).

- Show my commitment to the HSP by participating every day.
- Do my part to minimize distractions by turning off cell phones, pagers, iPods, electronic games, etc. before entering the Center.

Respect the driver and the van.

- Do my part to keep the van neat and clean by not bringing food or drink into the van.
- Do my part to keep everyone safe by behaving in a courteous and orderly manner.
- Offer to share seating if the van is crowded.
- Use ANHC transportation unless I have written approval from my parent/guardian.

If I fail to live up to any of these expectations, I acknowledge that I will be subject to consequences. These consequences may include warnings, time-outs, suspensions, probations, and expulsions. Fighting, drugs and/or alcohol, or weapons offenses may result in immediate suspension or expulsion from the High School Program.

If I cause danger, damage, or disruption in any manner to the Alaska Native Heritage Center's and/or High School Program's employees, visitors, participants, grounds, facilities, and/or programs, I fully understand that I will be subject to disciplinary actions up to and including expulsion from the HSP and may be prohibited from returning to the Center's property.

Parent/Guardian and Student, please read and sign:

We have read, fully understand, and agree to follow all of the Center's expectations listed on this form while participating in the High School Program. We understand that the Center is partnered with the Anchorage School District.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Authorization for Mutual Exchange of Information

I authorize a representative of the Alaska Native Heritage Center to access Anchorage School District assessment and achievement data for _____ .
(Name of Student)

This data may include but is not limited to attendance, student interviews, student surveys, standardized test scores, report cards, graduation status, and transcript of grades earned up until date of withdrawal/graduation.

I understand this data will be used solely for the purposes of determining the success of the High School Program and in compliance with the guidelines of the US Department of Education and other donors who fund the ANHC High School program. Information will not be shared with any other individuals or agencies without written permission of the parent or guardian.

I hereby consent to the release of this information to the Alaska Native Heritage Center.

(Signature of Parent/Guardian) (Date)

Student Mailing Address: _____ Phone: _____

School: _____ Student ASD Number (if known): _____

Student Grade (Check one): Freshman Sophomore Junior Senior

Date of Birth: _____

Expected Student Graduation Date: _____

(Signature of ANHC Representative and Title) (Date)

Specific Program Requirements and Deadlines

**ANCHORAGE SCHOOL DISTRICT
CREDIT BY CHOICE APPLICATION**

REQUEST FOR CREDIT /PE WAIVER for FALL () SPRING SEMESTER OF 2009
(YEAR)

1. NAME (print) _____
LAST FIRST

2. STUDENT NUMBER _____ PRESENT GRADE LEVEL _____

3. CONSIDERATION IS REQUESTED FOR: (CHECK ONE)

EDUCATIONAL TRAVEL to _____ Date _____

CORRESPONDENCE COURSE entitled _____

From _____ Correspondence Program

Under the supervision of _____

COLLEGE COURSE WORK at _____

Course title (must be 100 or above) _____ Number of Semester hours _____

EARLY COLLEGE ADMISSIONS PROGRAM

GPA _____ (must be 3.5 or above) Coursework to be taken at _____

CREDIT BY EXAMINATION for Course Title _____

Supervised by _____ Approximate Exam Date _____

COMMUNITY SERVICE/FIELD STUDY TITLE (120 hours) _____

Supervised by Bob Harty, High School Program Director, ANHC

WAIVER OF PHYSICAL EDUCATION CREDIT for the following activity (150 hours) _____

See Specific Program Requirements and follow attached Required Journal Format

Signature of Physical Education Department Chairperson _____

Student Signature _____ Parent Signature _____

Counselor _____ Curriculum A.P. _____

Approval: _____ Date: _____

Specific Program Requirements and Deadlines

ANCHORAGE SCHOOL DISTRICT
CREDIT BY CHOICE APPLICATION

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LAST FIRST

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Under the supervision of _____

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Course title (must be 100 or above) _____ Number of Semester hours _____

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Approval: _____ Date: _____