

- ✓ use your best penmanship
- ✓ Completed applications with required signatures increases your likelihood of selection

Student Information

First Name: _____ M.I.: _____ Last Name: _____ Gender: _____ Age: _____

Social Security Number: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

High School: _____ Grade: _____ State ID/Permit/License? (circle one) YES NO

Tribal Enrollment: _____

Extracurricular Activities/Hobbies: _____

Honors/Awards: _____

Emergency Contacts (2 Required)

Name	Phone (h) (w)	Relationship to Applicant
Name	Phone (h) (w)	Relationship to Applicant

First choice Session # _____ Course Preference: _____

Second choice Session # _____ Course Preference: _____

Other Sessions/Courses: _____

Principal signature approval: _____ **Date:** _____

Non-Negotiable Agreement

The following behaviors are neither acceptable nor tolerated at NACTEC. Committing any of the activities listed below will result in immediate expulsion from the program.

- **Weapons/Violence**
- **Possession and/or usage of alcohol, drugs, or drug paraphernalia**
- **Inappropriate relationships and/or attitudes**
- **Leaving the group without permission**
- **Stealing**

Discipline Action: Student sent home upon parent notification and at parent’s expense.
School principal/counselor notified.

- **Possession and/or usage of tobacco products**

First Infraction: Discipline.
Second Infraction: Student sent home upon parent notification and at parent’s expense.
School principal/counselor notified.

In the Case that a Non-Negotiable is Broken:

NACTEC Administration will contact the principal or assistant principal, followed by contact to the parent(s) of the student. Once this process is completed, the student will be sent home on the next available flight, at the expense of the parent(s) and/or student. Students may not return to NACTEC for one calendar year from the date of offense.

By signing below, I have read and understand the non-negotiable agreement and I agree to follow the expectations.

Student Name: _____

Student Signature: _____ **Date:** _____

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

Staff Referral

Student Name: _____

Please answer the following three questions. The more detail you provide, the better we will be able to meet the needs of your students. Thank you for your time!

Please check any that apply (this information will be kept confidential):Student has a disability: Student has an IEP: Student has a 504 Plan

1. Does this student require any accommodations?

2. Why are you referring this student to NACTEC?

2. What would you like to see this student achieve at NACTEC?

3. What concerns do you have about this student attending NACTEC?

Name of staff member making recommendation: _____

Signature of staff member: _____**Contact phone number:** _____**Email address:** _____

Student Agreement

Student Name: _____ **DOB:** _____

As a participant of a NACTEC/BSSD/NPS sponsored activity, requiring travel, I agree to the following:

1. I will represent my school and district in a mature, responsible manner at all times.
2. I will follow rules for cell phone usage, and call home to notify parents/guardian of my safe arrival as soon as arriving at NACTEC.
3. I will turn in all medications to NACTEC staff immediately upon arrival at the NACTEC House.
4. I understand that all school rules, eligibility criteria, discipline, conduct rules, etc. apply during any student travel sponsored or approved by the school district.
5. I will dress properly to travel in cold weather with proper head cover, gloves or mittens, insulated boots or mukluks, insulated pants and jacket, and other cold-weather gear as determined necessary.

Student Consent:

By signing below, I have read and understand the student agreement. I agree to follow the expectations. The information given above is complete and accurate to the best of my knowledge.

Student Signature: _____ **Date:** _____

Completed applications should be scanned and returned to NACTEC as an email attachment to:

nactec@bssd.org

All forms should be completed and received at NACTEC by the application deadline of the session for which you are applying. **If at any point in this process, you OR your site principal, teacher and/or counselor have any questions, you may contact a NACTEC staff member at (907) 443-7682.**

Acceptable Technology Use Agreement

We are pleased to be able to offer student access to the Bering Strait School District computer network for electronic mail and Internet access. To obtain an electronic mail account and Internet access, all students must obtain parental permission and must sign and return this form to the school office.

Access to email and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Students will also be able to view the work of other student across the world and participate in cooperative projects, while providing the possible opportunity to post their own work or projects for others to see.

District Internet and E-Mail Rights and Responsibilities

Internet access and e-mail usage is a privilege not a right, therefore students are ultimately responsive for proper behavior on school computer networks just as they are in a classroom or school hallway. Communications on the network are often public in nature. General school and district rules for behavior and communications apply. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required and students who do not have such permission are responsible for not accessing the Internet at school. Access is a privilege, not a right.

Access entails responsibility. Individual users of the District computer networks are responsible for their behavior and communications over those networks. It is expected that users will comply with district standards and will honor the agreements they have signed. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on District servers will always be private. Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students to appropriate materials.

The following are not permitted (Violations may result in a loss of access as well as other disciplinary or legal action):

- **Sending or displaying offensive messages or pictures**
- **Using obscene language**
- **Harassing, insulting or attaching others**
- **Violating copyright laws**
- **Using another's password. Trespassing in another's folders, work or files**
- **Employing the network for commercial purposes.**
- **Deliberate damage to hardware or software**
- **Use of District computers for illegal activities**

User agreement/Parent Permission Student Form

The Bering Strait School District is not liable for any harm or injury that a user may suffer as a consequence of any inaccurate information the user may obtain through the Internet and Electronic Mail Services. By entering into this User Agreement, the user agrees to be bound by this release of liability and waives any and all rights to assert claims that may arise due to use of these electronic services. Alaska Administrative Code (6 AAC 96.400-.420)

As a user of the Bering Strait School District computer network, I hereby agree to comply with the rules regarding communication over the network, while honoring all relevant laws and restrictions.

Student Signature: _____ **Date:** _____

Print Name: _____ **School District:** _____

As a parent or legal guardian of the minor student signing above, I grant permission for my student to access networked computer serves such as electronic mail and the Internet. I recognize it is impossible for the Bering Strait School District to restrict access to all controversial materials. I hereby give permission for my child to access the Internet and to publish information on web pages (except for home addresses and phone numbers) and certify that the information contained on this form is correct. This permission shall be in effect as long as this student is enrolled through NACTEC. I may at any time revoke this permission by notifying the student's school in writing.

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

Print Name: _____ **Contact Number:** _____

Check Out Agreement

Student Name: _____ **DOB:** _____

Students attending NACTEC are committed to completing rigorous training over the course of two weeks. There is limited time available outside of the training program for local visits. Visitation opportunities:

1. The Sunday night of a two-week session is set aside as a guest visitation time at the NACTEC House from 6:30 pm – 8 pm
2. Students may get checked out either:
 - One evening each week, from 6 pm – 9 pm
 - OR
 - One weekend day from 9 am – 9 pm

In order for a student to be checked out, the visitor must have all of the following qualifications:

- **Be listed on the Check Out Agreement (below)**
- **Be 21 years of age or older**
- **Be a mother, father, sister, brother, grandparent, or guardian**
- **Be physically present at the point of picking up and dropping off**
- **Show identification (AK Driver’s license, ID etc.)**

Parent/Guardian Agreement:

By signing below, I give permission for the following family members to check out my child indicated at the top of this agreement, during the NACTEC training session held from _____ to _____
Month/Day/Year

Month/Day/Year

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

Print Name: _____ **Contact Number:** _____

<u>List of Qualified Family Members:</u>	<u>Please indicate relationship to student:</u>
1. _____	<input type="checkbox"/> Parent <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Grandparent
2. _____	<input type="checkbox"/> Parent <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Grandparent
3. _____	<input type="checkbox"/> Parent <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Grandparent
4. _____	<input type="checkbox"/> Parent <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Grandparent
5. _____	<input type="checkbox"/> Parent <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Grandparent

Parental Authorization**Student Name:** _____ **Date of Birth:** _____**Social Security Number:** _____

By signing below, I agree:

1. My child may participate in NACTEC sponsored activity, which may require travel. *I understand that my child may be sent home if he/she violates a NACTEC non-negotiable and I will be responsible for the cost of his/her return.*
2. Student application information may be shared with specified officials for audit or evaluation purposes; organizations conducting studies for or on behalf of NACTEC; or appropriate parties in connection with financial aid supporting my child's training at NACTEC.
3. Images of my child in NACTEC training may be used for any news, promotion, and education materials produced by NACTEC or related agencies.
4. Medical care may be sought for my child in the event that such care is necessary. Permission is hereby granted to a licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment. *NACTEC will notify parents of such care.*

Brief Medical History:

Allergies: _____ Medication: _____

Diabetes: _____ Medication: _____

Epilepsy: _____ Medication: _____

Has the student been fully vaccinated for Covid-19? _____ Yes _____ No.

Any other pertinent information: _____

Any other medicine required: _____

*** ALL STUDENTS NEED TO PROVIDE PROOF OF INSURANCE *****Name of Insurance Company:** IHS (AK Native) DenaliKid Care Other: _____**Policy #:** _____

The information given above is complete and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____**Print Name:** _____ **Contact Number:** _____**Emergency Contact Name:** _____ **Emergency Contact Phone:** _____



Office of Admissions and the Registrar
907-474-7500 • 800-478-1823
admissions@uaf.edu • registrar@uaf.edu

SECONDARY STUDENT PARENT/GUARDIAN AGREEMENT

Student name	UA ID or social security number
	Birthdate

The secondary student registration process at the University of Alaska Fairbanks requires parents/guardians of secondary students to agree to these terms. This agreement identifies some of the issues encountered by secondary students, but should in no way be considered comprehensive. This agreement needs to be completed once for any student who is under 18 & who has not graduated high school attending the University of Alaska Fairbanks.

As a parent/guardian of the above secondary student, I understand and agree that:

- University work is much more rigorous and less guided than secondary course work. Adult themes and diverse perspectives are essential to University materials and discourse.
- The student must meet the prerequisites of the course or courses in which they want to enroll.
- A secondary student who registers in University courses is fully responsible for complying with all policies and procedures of the University. This includes being aware of and adhering to the University Student Code of Conduct and payment deadlines.
- It is the student’s responsibility to contact their high school counselor before enrolling at UAF if they want to use university credit to meet high school requirements.
- Courses taken will establish an official university transcript. This may impact future admissions, financial aid eligibility and/or ability to graduate with honors.
- Regardless of age, FERPA rights are transferred to the student upon registration. Parents/Guardians will not be able to access student records without a valid FERPA Release Form on file with the University.
- If a student decides to no longer attend a course, they must complete an Add/Drop Form to drop or withdraw from that course. Failure to do so may result in a failing grade and/or financial obligations including late fees.

I affirm that the information I have provided on this form is true and that I am in agreement with any additional charges that may be added to my account resulting from the above selections. I agree to pay all current semester charges, including but not limited to tuition, fees, housing, meal plan charges, and any additional fees on this form. I promise to pay attorney’s fees and other reasonable collection costs, which may be based on a percentage at a maximum of 40% of the debt, necessary for the collection of any amounts owed to University of Alaska. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073 and pursue other collection methods.

Parent/guardian name	Birthdate	Social security number
Parent/guardian signature	Date	

11/2015