

Note: This application is for Jr. High students only and must be submitted as part of a school group request that will include other Jr. High students and the accompanying teacher applications. **DO NOT submit Junior High applications individually.**

- ✓ Use your best penmanship
- ✓ All information is required in order for your application to be considered
- ✓ Contact a NACTEC Instructor at 443-7682 for questions or concerns.

Student Information

First Name: _____ M.I. _____ Last Name: _____ Male: ___ Female: ___ Age: ___

Social Security Number: _____ Birth Date: _____

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

Telephone: _____ Email Address: _____

School: _____ Grade (circle one): 7 8

Emergency Contacts (2 Required)

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

Essay

What careers would you like to explore at NACTEC and why?

Student Behavior Expectations

Phone Use: Students will have the opportunity to call home the first night at NACTEC. Due to academic programming, phone usage will be limited to evenings.

Cell Phones: Cell phones will be checked in upon arrival at NACTEC. Cell phones will only be used during the approved phone usage time.

Medications: All prescription medications must be given to the NACTEC staff immediately upon arrival in Nome. All medications will be logged and administered by staff.

Student Supply List

The following items will be needed for your stay at NACTEC:

- ✓ Appropriate business clothing for job shadows (clean, neat)
- ✓ Casual clothing for the evening activities
- ✓ One pair of grubbies for service learning projects
- ✓ Gym clothes
- ✓ Swimsuit (swimsuits are available if you don't have one)
- ✓ Slippers or socks for indoors
- ✓ Walking shoes or boots
- ✓ Glasses or contacts, if you use them
- ✓ Medications, if necessary
- ✓ Toiletries (shampoo, toothbrush, toothpaste, etc.)
- ✓ Nightclothes (pajamas)
- ✓ Hat, gloves, scarf, and warm jacket
- ✓ Camera (optional)
- ✓ Spending money (optional)
- ✓ A POSITIVE ATTITUDE!

Non-Negotiables

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 products and drugs**
- **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:

Either the NACTEC Program Coordinator or Director will contact the principal or assistant principal, when a student violates a non-negotiable behavior expectation. After contacting the principal, the NACTEC Administration will then contact 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. The student will not be able to return to NACTEC for 1 year from the date of the offense.

Please sign below indicating that you have read and understand the non-negotiables and you agree to follow these behavior expectations.

Student Name: _____

Student Signature: _____ **Date:** _____

Parent/Guardian’s Name: _____ **Date:** _____

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 not use or have in my possession drugs, tobacco, or alcohol at any time during the trip.
3. I will stay with the group/chaperone at all times, unless special permission is received.
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 by the chaperone and principal.

By signing below, I agree to the above terms and conditions.

Student Consent:

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

Student signature: _____ **Date:** _____

Return your completed application with all required forms to NACTEC by fax or scan and send as an email attachment to:

nactec@bssd.org

or

Fax: 907-443-7076

All forms should be completed and received at NACTEC by the due date 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 questions; please contact a NACTEC staff member at 443-7682.**

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

By signing below, I give permission for my child to participate in the NACTEC sponsored activity requiring travel. Further, I understand that my child may be sent home if he/she violates any rules or policies in the NACTEC handbook or his/her own school district policies, I understand that I will be responsible for the cost of his/her return.

By signing below, I give permission for images of my child to be used for any news, promotion, and education materials produced by NACTEC or related agencies.

By signing below, I give my permission for my child to obtain medical care in the event that such care is necessary. The parent(s) or guardian will be contacted in the event of an emergency. 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.

Brief Medical History:Allergies: _____ Medication: _____
Diabetes: _____ Medication: _____
Epilepsy: _____ Medication: _____Any other pertinent information: _____
Any other medicine required: _____*****PROOF OF INSURANCE IS REQUIRED*******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:** _____ **Telephone (home):** _____**Telephone (work):** _____ **Emergency Contact Phone:** _____