

- ✓ 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? (circle one) YES NO

My first choice is Session # _____ Course preference: _____

My second choice is Session # _____ Course Preference: _____

Other Sessions/Courses: _____

Emergency Contacts (2 Required)

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

None-based Relatives or Contacts (if any)

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

Principal signature approval: _____ Date: _____

- Returning students **MUST** include a **principal signature approval** on returning application *

ESSAY

Write an essay explaining why you want to come to NACTEC again and how you will benefit.
(you may submit the essay on separate paper if you wish.)

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:** _____

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.**

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 son/daughter 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:** _____

List of Qualified Family Members:

Please indicate relationship to student:

- | | | | |
|----------|---------------------------------|---|--------------------------------------|
| 1. _____ | <input type="checkbox"/> Parent | <input type="checkbox"/> Sister/Brother over 21 | <input type="checkbox"/> Grandparent |
| 2. _____ | <input type="checkbox"/> Parent | <input type="checkbox"/> Sister/Brother over 21 | <input type="checkbox"/> Grandparent |
| 3. _____ | <input type="checkbox"/> Parent | <input type="checkbox"/> Sister/Brother over 21 | <input type="checkbox"/> Grandparent |
| 4. _____ | <input type="checkbox"/> Parent | <input type="checkbox"/> Sister/Brother over 21 | <input type="checkbox"/> Grandparent |
| 5. _____ | <input type="checkbox"/> Parent | <input type="checkbox"/> Sister/Brother over 21 | <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: _____

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:** _____