

## Nenana Student Living Center

P.O. Box 442  
Nenana, Ak. 99760  
(907) 347-0317 (Cell)  
(907) 832-2000 (Desk)  
(907) 832-5277 (Fax)

Dear Applicant,

Thank you for your interest in the Nenana Student Living Center. Please read the following information very carefully. Applications will not be reviewed for enrollment till all required forms, transcripts, test scores and assessments are received.

The Nenana Student Living Center (NSLC) has a girl's wing and boy's wing. The NSLC expects to receive many applications, so it is very important to complete and return the application as soon as possible. Early submittal may improve your chances of being admitted. Students will be notified of their enrollment status after the screening committee reviews applications.

Enrollment at the NSLC is a one school year commitment to the program. NSLC arranges travel for students to come to school at the start of the year in August and go home at the end of the school year in May, cost is covered by the State of Alaska.

- If for any reason a student chooses to leave, or is sent home as a result of breaking rules, the parent/guardian is responsible for paying the airfare for the trip home.
- Christmas break students must be checked out during this time, if flown home it will be at the parent's expense, the NSLC will provide free transportation to/from the airport on specified travel days.
- Thanksgiving and Spring Break, students can be checked out, if desired, with travel being at the parent's expense. Students are welcome to remain at the NSLC during these breaks. The NSLC will provide free transportation to/from the airport on specified travel days.

The NSLC provides dinner Mon-Fridays and all meals on all non-school days at no cost to the student. School days, the Nenana City School has a grant and breakfast/lunch are provided at no cost at the school.

If your child suffers from alcohol/drug abuse, depression, self-harm, or suicidal ideation, the NSLC is not an appropriate facility for your student.

If any statements on this application are proven to be false or if you have withheld information that has been asked for, your child may either be denied entrance to the Nenana Student Living Center or sent home if they have already been admitted.

If you have any questions, or seek additional information about enrolling in Nenana Student Public School and Nenana Student Living Center, please contact:

**Web page:** <https://www.nenanalynx.org/page/student-living-center>

**Email:** [nslcapp@nenanalynx.org](mailto:nslcapp@nenanalynx.org)

Sincerely,  
Justin Murrell  
[jmurrell@nenanalynx.org](mailto:jmurrell@nenanalynx.org)

## NENANA STUDENT LIVING CENTER APPLICATION

### STUDENT INFORMATION

LEGAL Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(last) (first) (middle)

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ Social Security Number: \_\_\_\_\_

Entering Grade: \_\_\_\_ Age: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
P.O. Box (Street) City State Zip Code

Physical Address \_\_\_\_\_  
Street City State Zip Code

Student Resides with: \_\_\_\_\_

Are there custody arrangements? Y / N ( If yes documents must be submitted with application)

Ethnicity: Is the student Hispanic? Y / N Is the student any of the following? (circle all that apply):

----White -----Black, not Hispanic -----Asian -----American Indian -----Alaska Native ----Native Hawaiian or Pacific Islandler ----Other

Is either parent active duty military or full-time military reserves? Y / N

Does your child qualify for any type of Special Education Services? Y / N

Does your child currently receive any type of Special Education Services? Y / N

Has student ever been enrolled in Nenana City School? Y / N Dates: \_\_\_\_\_

### SCHOOL PREVIOUSLY ATTENDED

Please list the previous school that you have attended, the dates you were there, grade level, and reason for leaving.

School	Dates	Last Grade	Reason for Leaving
1. _____	_____	_____	_____

### PARENT/GUARDIAN INFORMATION

**Father/Guardian's Name:** \_\_\_\_\_ **Mother/Guardian's Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

**Contact Information:** \_\_\_\_\_ **Contact Information:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**NOTE: Guardians are REQUIRED to submit active legal documents stating guardianship authority.**

### REQUIRED SIGNATURES

I hereby apply for admission to the Nenana Student Living Center. I understand that to sustain my residence in the Nenana Student Living Center. I must maintain a satisfactory record of effort, conduct, and attendance.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I hereby agree with the statement of the student applying for admission to the Nenana Student Living Center and give my permission for stated student to do so.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**

OMB Number: 1810-0021 Expiration Date: 07/31/2019

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202**

**TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## HOME LANGUAGE SURVEY

\_\_NENANA CITY SCHOOL\_\_

**This form is required by state and federal law.**

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact: Brittany Starkweather 832-2000 or Andy Corbin 832-5464

**Student Name:** \_\_\_\_\_ **Alaska Student ID #:** \_\_\_\_\_  
(Last Name, First Name)

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Gender:**  Female  Male

### PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify
2. What language(s) does the student currently use in the home?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify
3. Is this student participating in a student exchange program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. When did the student first attend a school in the United States (if known)?	____/____ Month Year	

### PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and State			
2. First language learned			
3. Language(s) spoken <b>to the student</b>			
4. Language(s) spoken <b>in the adult's home</b>			

\* Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

### PART III: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Only the other language, no English	Mostly the other language, some English	The other language & English equally	Mostly English, some of the other language	<b><u>Only English</u></b>
A. When the student speaks with <b>family</b> , he/she speaks:					
B. When the student speaks with <b>friends</b> , he/she speaks:					

Parent/Guardian Signature:	Phone Number:
Printed Name:	Date:

**MIGRANT ACTIVITIES**

**Nenana City School**

P.O. Box 10

Nenana, AK 99760

Phone: (907) 832-5464 ext. 168; Fax: (907) 832-5625

RE: Migrant Activities

Dear Parent:

Every year I do a survey of students enrolled though Nenana School District to try and determine who has made a living by either fishing, logging or agricultural work. If you could answer these questions as soon as possible and return this survey to me, I would greatly appreciate it.

Have you gone either subsistence or commercial fishing within the last 3 years?   \_\_\_yes \_\_\_no

Have you done logging or agricultural work within the last three years?           \_\_\_yes \_\_\_no

Did you take your child(ren) with you?   \_\_\_yes \_\_\_no

Did you stay a total of 8 days and 7 nights?   \_\_\_yes \_\_\_no  
(This must be a combination of at least 2 days and 1 night at a time)

Have you done logging or agricultural work within the last three years?           \_\_\_yes \_\_\_no

Did you take your child(ren) with you?   \_\_\_yes \_\_\_no

Did you stay a total of 8 days and 7 nights?   \_\_\_yes \_\_\_no  
(This must be a combination of at least 2 days and 1 night at a time)

If you answered yes to any of these questions I would like to visit with you over the phone. You may be eligible for a program that would benefit our school district.

Thank you for taking the time to answer this survey and please call me if you have any questions. I look forward to talking with you.

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Tel No.: \_\_\_\_\_

Sincerely,

Susan Kauffman

Superintendent Secretary/Migrant Ed. Recruiter

**ATTENTION PARENTS: If your student has a current COE (Certificate of Eligibility) for Migrant activities in your home community or district, please send a copy to the NSLC or Nenana School with this application, as soon as possible.**

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**



As legal custodian of \_\_\_\_\_, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which licensed physician or dentist may deem necessary.

This authorization shall remain effective for the duration of my student's enrollment at Nenana City School unless revoked in writing and delivered to said agent(s). I understand the Nenana City School District, its employees and its Board (1) assume no liability of any nature in relation to the transportation or treatment of said minor, and (2) is not responsible for the medical bills in the event of an injury to my child.

FAMILY DOCTOR	ADDRESS	DATIME PHONE
HEALTH PLAN/INSURANCE (I.E. BLUECROSS)		GROUP/POLICY NO.
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:		
OTHER MEDICATIONS BEING USED:		
MY CHILD HAS THE FOLLOWING HEALTH PROBLEMS:		
SIGNATURE OF PARENT OR GUARDIAN:  X		DATE:

**Should we be unable to contact you, please provide information for other individuals to be contacted in case of an emergency.**

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL CARE IN RESIDENTIAL FACILITIES

Nenana Student Living Center Staff is authorized to give permission for:

(Child's Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

to receive emergency medical, surgical, dental, or optical care and routine medical, dental, or optical care, including check-ups, physicals, sports physicals, immunizations, and/or treatment for minor illnesses and accidents requested by the student or parent while he/she is a resident of the NSLC.

(Please initial all statements)

\_\_\_\_\_ I understand that all prescribed medication for my child will be given to and distributed by the Nenana Student Living Center.

\_\_\_\_\_ I authorize Nenana Student Living Center staff to have access to any medical notes, chart notes, imaging reports, lab reports and other protected health information to my student's medical appointments, treatment and status while he/she is a resident of the Nenana Student Living Center. This includes telephone calls and face to face meetings with health care providers involved in my child's care, and any other necessary healthcare provider communications or disclosures necessary for treatment and education purposes. I am the person representative for the student and authorize the release of this information so long as the student is enrolled at the Nenana Student Living Center. I understand that I have the rights to revoke this authorization at any time by submitting written notice to the Nenana Student Living Center, but the revocation will not apply to information already disclosed and information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by HIPPA (though protections may apply). Treatment, payment, or other benefits will not be conditioned on the provision of this authorization.

In an emergency this form also authorizes the care provider to immediately seek medical assistance for the child. When the incident is life threatening or requires hospitalization the care provider immediately informs the parent or guardian. When possible/appropriate, the parent/guardian will be contacted to give consent for routine medical treatment. Parental/guardian consent is especially important for any major emergency medical care including surgery or use of general anesthesia.

Non-emergency major medical care always requires consent from the parent(s) or guardian before the care may be provided. Examples include surgery, anesthesia, psychotropic medication or any drugs prescribed for mental illness or behavior problems.

Provider must contact parent directly Preferred Contact:  Mother  Father  Other

Mother: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If practical, the following Medical Providers should be used:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Conducted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Child is covered under parents' insurance  Yes  No (Copy of Insurance Card Front & Back Required)

Child determined eligible for Denali Kid Care  Yes  No Denali Kid Care # \_\_\_\_\_

(Staff will apply for Denali Kid Care coverage for your child during their residence at NSLC)

ANHS eligible  Yes  No Child determined eligible for Medicaid  Yes  No Medicaid # \_\_\_\_\_

Medicaid has been applied for. Until approval is received, forward medical bills to the parent.

\_\_\_\_\_ I understand that I am responsible for any and all medical expenses incurred by my student while he/she resides at the Nenana Student Living Center.

\_\_\_\_\_ The medical provider is permitted to provide necessary medical information to the payor. The medical provider will release all medical information to the NSLC with regards to medical care facilitated by the NSLC. By signing this document you authorize the Nenana Student Living Center to seek medical care for my child from August 1, 2024 to June 1, 2025.

Parent Signature \_\_\_\_\_ Printed Name of Parent \_\_\_\_\_

Date \_\_\_\_\_

**HEALTH INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ Health Care Provider/Doctor: \_\_\_\_\_

The following information is considered confidential and is for use by NSLC staff, teachers, principal, school nurse/health staff, or other staff who will be in contact and responsible for your child during the school day. Please note, that if your child is taking any prescribed medications you will be REQUIRED to complete additional paperwork at a later date.

**CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:**

\_\_\_\_ Cancer                      \_\_\_\_ Kidney/Bladder Disease                      \_\_\_\_ Vision Problems                      \_\_\_\_ ADD  
\_\_\_\_ Diabetes                      \_\_\_\_ Convulsions, Seizures                      \_\_\_\_ Hearing Problems                      \_\_\_\_ ADHD  
\_\_\_\_ Heart Disease                      \_\_\_\_ Orthopedic/Bone                      \_\_\_\_ Social/Emotional/Behavioral Concerns  
\_\_\_\_ Autism                      \_\_\_\_ Bowel Concerns                      \_\_\_\_ In Counseling  
\_\_\_\_ Allergies: Yes / No Medications? \_\_\_\_\_ Food? \_\_\_\_\_ Other Allergens? \_\_\_\_\_ Severe ? Yes / No

How do these allergies present? \_\_\_\_\_

Does the student have medication for the allergies? \_\_\_\_\_

\_\_\_\_ Asthma Yes / No Provoked by: \_\_\_\_\_ Severe? Yes / No

Does the student have medication for the asthma? Yes / No

**ATTENTION: If your child takes medicine for asthma or allergies, such as inhalers and epi pens, an Asthma/Allergy Action Plan is REQUIRED. This form states that the condition is medically diagnosed, and that your child requires medication. Your child WILL NOT be able to keep or receive these medications during the school day without this form on file in the school office. Please ask for this form from the school office, or ask your health care provider.**

If the student has any of the above conditions, has the condition been diagnosed by a medical doctor? Yes / No

Has the student been treated or hospitalized for psychiatric problems or depression? Yes / No

If so, where, when, and for how long?

\_\_\_\_\_

Does/Has the student been treated for alcohol or drug use? Yes / No

If so, where, when, and for how long?

\_\_\_\_\_

Does the student take any medications for any other reason? Yes / No

If so, please list them here:

\_\_\_\_\_

Failure to disclose any medical conditions may result in your child being exited from the NSLC at the parent/guardian's expense.

The Nenana Student Living Center is not a medical facility. If your child suffers from alcohol/drug abuse, depression, self-harm, or suicidal ideation, the NSLC is not an appropriate facility for your student.

I \_\_\_\_\_ (printed parent name) believe that the health information listed above is true and accurate.

Parent Signature \_\_\_\_\_

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION @ NSLC**

The NSLC and occasionally Nenana School has the need to dispense over-the-counter medications to students for a variety of ailments such as cold, headaches, and upset stomachs. The following is a list of over the over-the-counter medications dispensed by the NSLC:

- \*Acetaminophen
- \*Antibiotic first aide cream
- \*Benadryl
- \*Sore Throat Spray
- \*Calamine Lotion
- \*Cough Drops
- \*Ibuprofen
- \*Sun Screen
- \* Midol
- \* Nasal Decongestant
- \* Cold Medicine
- \*Tums/Ginger Chews

I  **Give** /  **Do Not Give** permission to the NSLC staff to dispense the above over-the-counter medications to my child, \_\_\_\_\_, if needed.  
(student name)

Parent Signature X \_\_\_\_\_ Date \_\_\_\_\_

**VITAMINS AUTHORIZATION @ NSLC**

Vitamins have different jobs to help keep the body working properly. Nutritionists often recommend some vitamins to help you replace nutrients that are missed from not eating a balanced diet, boost energy or replace nutrients from lack of sunlight.

I  **Give** /  **Do Not Give** permission to the NSLC staff to dispense vitamins to my child. \_\_\_\_\_  
(student name)

Parent Signature X \_\_\_\_\_ Date \_\_\_\_\_

**MELATONIN AUTHORIZATION @ NSLC**

Your body likely produces enough melatonin for its general needs. However, for those who are having sleeping issues there is evidence that suggests that melatonin supplements promote sleep and are safe for short-term use.

I  **Give** /  **Do Not Give** permission to the NSLC staff to dispense melatonin as needed to my child. \_\_\_\_\_  
(student name)

Parent Signature X \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION @ NENANA CITY SCHOOL**

During the school day, over the counter medication dispensing is limited to the following:

- \*Acetaminophen
- \*Ibuprofen
- \*Cough Drops

I  **Give** /  **Do Not Give** permission to the NSLC staff to dispense the above over-the-counter medications to my child, \_\_\_\_\_, if needed.  
(student name)

Parent Signature X \_\_\_\_\_ Date \_\_\_\_\_

**NENANA CITY SCHOOL DISTRICT**  
**Parent Release of Student Information Form & Annual Consents**

**Student Name**

(Last)

(First)

**What is Directory Information?** Schools may disclose, on an implied consent basis, "directory" type information according to the Family Education Rights and Privacy Act (**FERPA**). This type of information is commonly used by organizations to facilitate services to students and is released when a legitimate need to know is presented. However, parents or eligible students have the right to request the school not disclose directory information about them. Directory Information is limited to:

**Student Name - Telephone Number - Mailing Address - Email Address - Schools Attended - Awards and Honors - Scholarship Eligibility - Grade Level - Participation in Sports/Activities - Enrollment Status - Dates of Attendance/Graduation - Height & Weight of Athletic Teams - Student ID Number**

**\* For items left blank, we will assume a 'YES' answer. \***

**RELEASING INFORMATION TO MILITARY RECRUITERS**

*The No Child Left Behind Act of 2001 requires school districts to release student names, mailing addresses and telephone numbers to military recruiters unless parents specifically restrict the release of this information.*

1. Do you allow your student's **name, mailing address and telephone number** to be released to **military recruiters?** (Please respond as early as possible, lists are released to recruiters October 1st.) **Yes**  **No**

**DO YOU ALLOW YOUR STUDENT'S DIRECTORY INFORMATION TO BE RELEASED TO:**

2. **School related** organizations? (e.g. school photographers, student groups, etc) **Yes**  **No**

3. **Higher Education** organizations? (e.g., Colleges and Universities) **Yes**  **No**

**\*\* Attention Parents of Juniors or Seniors \*\*** *If you answer no to question 2 or 3 your student's name and address will not be released to organizations that provide information about high school graduation, college scholarships, senior photos, class rings or college information.*

4. **Non-school related** organizations? (e.g., businesses, banks, legislators) **Yes**  **No**

**DO YOU ALLOW YOUR STUDENT'S PHOTOGRAPH TO APPEAR IN THE FOLLOWING:**

(Includes releasing your student's name and grade level)

5. **YEARBOOK - CLASS PICTURES - ACT & SAT** **Yes**  **No**

6. **SCHOOL DISTRICT PUBLICATIONS** **Yes**  **No**   
 (e.g., newsletters, brochures, etc....)

7. **SCHOOL DISTRICT WEBSITE & SOCIAL MEDIA** **Yes**  **No**

8. **PUBLIC NEWS MEDIA** **Yes**  **No**

**OTHER STUDENT INFORMATION TO BE RELEASED & SURVEY CONSENT**

9. Student course work/assignments, essays, art work, awards, achievements, etc. for school publications such as newsletters, web site, social media site, flyers, calendars, posters, etc. **Yes**  **No**

10. Annual Consent for student to participate in ANONYMOUS Surveys during the school. **Yes**  **No**

**Important - Please Read!**

If you are this student's guardian, but you are NOT the legal parent you must provide proof of guardianship. Additionally, in cases of divorce or separation, unless the school receives a legal document or copy of a divorce decree stating that your child's other parent does not have access to your child's records, we are required by law to extend to the other parent access to student records. I acknowledge that I have been notified of my rights under the Family Educational Rights and Privacy Act (FERPA) and allow the release of information as indicated on this form.

**\*\* Giving false information can be penalized by law \*\***

**Guardian / Parent Signature (required)**

**Date**

**PARENT PERMISSION RELEASE FORM**

NSLC Staff and Dorm Parent:

I give permission for my child(ren), \_\_\_\_\_, residing at the Nenana Student Living Center, to be released to (5 people)

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for the entire NSLC staff to be on my child's approved check out list \_\_\_\_ Yes \_\_\_\_ No

These people will be able to pick them up for overnight stays, dinner, trips to Fairbanks, Anchorage, or other destination with proper ID. I understand that the NSLC staff will determine whether or not a sleep over will or will not disrupt the student's schoolwork, and make a proper decision accordingly. I also understand that sleepovers will be kept to non-school nights, which are Friday and Saturday nights, or other nights that precede a school holiday, inservice, or break. I also give permission for NSLC staff and NCSD personnel to give rides and sign permission slips for any sport or school activity that my son/daughter will want to participate in.

If any statements on this application are proven to be false or if you have withheld information that has been asked for, the student may either be denied entrance or dismissed from the Nenana Student Living Center.

**Under NO circumstances is the NSLC able to release students to anyone under 21 years of age.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

## NSLC TRAVEL POLICY

The NSLC arranged travel at the start of the school year and back home at the end of the school year in May is paid for by the State of Alaska.

**December break the NSLC dorm is closed, students are required to leave.** Parents/guardians need to make arrangements and all associated costs are the responsibility of the parent/guardian(s). Free transportation to/from Fairbanks vicinity and airport will be available on specified days.

Students can stay at the Living Center for Thanksgiving and Spring breaks. Free transportation to/from Fairbanks vicinity and airport will be available on specified days.

Any other trips, including personal trips and withdrawals/dismissals prior to the end of the school year, are the parent's responsibility. The NSLC office needs at least a seven-day notice for Fairbanks pick-up/drop-off for parent-arranged student travel. There will be a \$50 service fee each way for gas and staffing required to pick-up/drop-off the student that needs to be paid in advance (Any notice less than 72 hours will incur a \$75 fee each way). If a student misses their flight or there are delays and the NSLC is not informed in a timely manner (before driver has left Nenana) there will be an additional charge of \$50.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

## SUBSTANCE ABUSE TOBACCO/CANNABIS/DRUG/ALCOHOL USE

The possession, use, or distribution of controlled substances is illegal and not permitted at the Nenana City School and the NSLC. The NSLC makes a deliberate effort to prevent substance abuse by our students and helps them remain substance-free. If a student is addicted to nicotine, we encourage them to seek help from the NSLC staff or other agencies.

### Infractions referred for Restorative Justice Program or dismissal

- Tobacco possession of or use
- Dabs/cannabis products possession of or use
- Alcohol possession of or use

The student and parent/guardian will be informed of the option to apply to the Restorative Justice Program. Students who choose the Restorative Justice Program have to fulfill all the agreed upon requirements, including an agreed upon date to complete the program or they will be dismissed without the option of returning to the NSLC.

If parents/guardian/student declines, students will be dismissed with the option of reapplying the following school year. **All transportation costs involved with student dismissal from the NSLC are the responsibility of the student's parents/guardians.** A condition of returning will be compliance with and completion of Restorative Justice Program by agreed upon date.

### Immediate Dismissal Infractions

- The possession of or use of illegal drugs (reported to authorities)
- Selling of drug/alcohol/tobacco/cannabis products
  - Possession of enough products to be considered means to distribute

To re-apply for the next school year students must submit an application to the Restorative Justice program.

- The one exception to this option is if the student shared and/or sold drugs/tobacco in the NSLC, they will be dismissed with no chance of returning in the future.
- Students who choose the Restorative Justice Program have to fulfill all the agreed upon requirements, including an agreed upon date to complete the program or they will be dismissed without any option of returning to the NSLC.

I \_\_\_\_\_ (parent's printed name) have read and understand the NSLC Substance Abuse Tobacco/Cannabis/Drug/Alcohol Use Policy.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ (student's printed name) have read and understand the NSLC Substance Abuse Tobacco/Cannabis/Drug/Alcohol Use Policy.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT STATEMENT**

1. Explain why you desire admission to the Nenana Student Living Center and why you should be accepted.

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2. Please finish the following statement: I believe that I will be able to complete at least one (1) full year at the Nenana Student Living Center while attending school at the Nenana City School District because:

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3. How did you or your parents hear about the Nenana Student Living Center?

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**Student Signature**

**Date**

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**Printed Name of Student**

**PARENT/GUARDIAN STATEMENT**

1. Explain why your son or daughter is seeking admission to the Nenana Student Living Center and why you believe your child should be accepted. (Please attach additional written material if desired.)

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1. In your opinion, is/are there reason(s) why a living center environment would be particularly suited to your child's needs. If you answered yes, please explain below.

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2. Please complete the following statement. I believe that my son/daughter will be able to complete at least one (1) full year attending the Nenana City School while residing at the Nenana Student Living Center because:

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I realize that accepting admission to the Nenana Student Living Center is a one-year commitment. If for any reason the student chooses to leave before the end of the school year, or is sent home as the result of breaking rules, the parent/guardian is responsible for paying travel expenses for the return home. \_\_\_\_\_(initial)

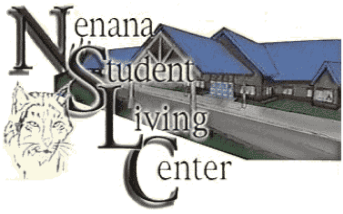
I have read the NSLC's Student Handbook (available online at [nenanalynx.org](http://nenanalynx.org) – Living Center – Student Handbook) with my child. \_\_\_\_\_(initial)

Resident Confirmation: I hereby declare that the applicant is a resident of the state of Alaska and is/will be eligible to enroll in an Alaskan high school. \_\_\_\_\_(initial)

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent**



**TEACHER ASSESSMENT**  
 Student Applicant \_\_\_\_\_  
 Community \_\_\_\_\_  
 Date \_\_\_\_\_

Two educator (teacher, counselors, home school teachers or administrators) assessments are required as part of the Nenana Student Living Center application. **All information is confidential and will be reviewed only by persons directly involved in the admissions process.** Individuals completing this form should have sufficient knowledge of the applicant to provide the information requested.

The Nenana Student Living Center is run by the Nenana City School District and is accepting up to 120 students in grades 9-12. The center is located in the town of Nenana, Alaska. The Nenana Student Living Center is potentially available to any student in Alaska who meets the residency requirements for admission. It exists to serve students who wish to prepare themselves for campus style living at a college or university or for independent living when entering the work force after High school graduation. Since enrollment in the NSLC is limited, your responses are very important in helping the Admissions Committee determine if a student should be admitted to the Nenana Student Living Center. In the best interest of the student, **please take the time to address each of the questions below.** If you are unfamiliar with the expectations of the Nenana Student Living Center or the Nenana City School District, please call or visit the website to gain more specific knowledge (<http://nenanalynx.org/nslc>)

If any statements on this application are proven to be false or if you have withheld information that has been asked for, the student may either be denied entrance or dismissed from the Nenana Student Living Center.

1. Please give the name and location of the high school available to the applicant, or, if none is available, please indicate \_\_\_\_\_.

2. Approximate number of students currently enrolled in this school? \_\_\_\_\_.

3. In your opinion how can the Nenana City School District best help this student?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please answer the following. If the answer to any of these questions is **YES** attach an explanation.

- |   |         |        |
|---|---------|--------|
| Does the student show a lack of respect for authority, peers, or property?  | ___ Yes | ___ No |
| Does the student have a history of:   |         |        |
| <input type="checkbox"/> Psychiatric problems   | ___ Yes | ___ No |
| <input type="checkbox"/> Drug/Alcohol problems  | ___ Yes | ___ No |
| <input type="checkbox"/> Tobacco Use  | ___ Yes | ___ No |
| <input type="checkbox"/> Violent behavior   | ___ Yes | ___ No |
| <input type="checkbox"/> Other inappropriate behavior   | ___ Yes | ___ No |
| <input type="checkbox"/> Does this student have a Probation Officer?  | ___ Yes | ___ No |
| <input type="checkbox"/> Overall, does the student exhibit behavior that could be excessively disruptive or dangerous to others in a dormitory setting? | ___ Yes | ___ No |

5. Describe this student's work ethic.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Do you believe this student has the social skills to succeed in a dormitory setting?  
 \_\_\_\_\_  
 \_\_\_\_\_

## Teacher Assessment (Continued)

7. Does the student have attendance issues we should be aware of?

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8. The Nenana Student Living Center requires students to be actively engaged in academic learning, to demonstrate responsible citizenship, and to live in a dormitory setting away from home or familiar settings. Do you believe that this student has the motivation and individual strength to complete at least **one full school year** in such a setting? \_\_\_\_\_ Yes \_\_\_\_\_ No Comments:

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9. IMPORTANT: Would you characterize this student as generally compliant and capable of accepting direction from a variety of adults? \_\_\_\_\_ Yes \_\_\_\_\_ No Comments:

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10. Is this student currently receiving Special Education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student have a current IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

(This in no way affects enrollment consideration. This information is to assure that we gather all required records for each student who is enrolled and will be kept confidential)

11. Any special concerns or circumstances that you are aware of that should be taken into consideration?

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12. I would like somebody from the school to call me, so I can confidentially discuss my responses on this assessment  
\_\_\_\_\_ Yes \_\_\_\_\_ No Phone# \_\_\_\_\_

**PRINTED NAME AND TITLE OF PERSON COMPLETING ASSESSMENT:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

### ***PLEASE RETURN THIS ASSESSMENT TO:***

**Nenana Student Living Center – Confidential Information**

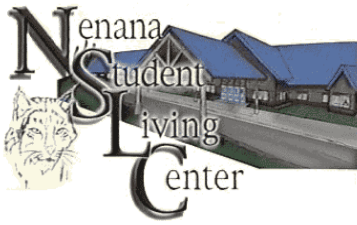
P.O. Box 442, Nenana, Alaska 99760

*Attention: Admissions Committee*

Phone: (907) 832-2000 Ext 321 Fax: (907) 832-5277

E-mail Address: [nslcapp@nenanalynx.org](mailto:nslcapp@nenanalynx.org) Website: <http://nenanalynx.org/nslc>

**Nenana Student Living Center part of Nenana City School District**



**TEACHER ASSESSMENT**  
 Student Applicant \_\_\_\_\_  
 Community \_\_\_\_\_  
 Date \_\_\_\_\_

Two educator (teacher, counselors, home school teachers or administrators) assessments are required as part of the Nenana Student Living Center application. **All information is confidential and will be reviewed only by persons directly involved in the admissions process.** Individuals completing this form should have sufficient knowledge of the applicant to provide the information requested.

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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- |   |         |        |
|---|---------|--------|
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_

## Teacher Assessment (Continued)

7. Does the student have attendance issues we should be aware of?

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12. I would like somebody from the school to call me, so I can confidentially discuss my responses on his assessment  
\_\_\_\_\_ Yes \_\_\_\_\_ No Phone# \_\_\_\_\_

**PRINTED NAME AND TITLE OF PERSON DOING ASSESSMENT:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

### ***PLEASE RETURN THIS ASSESSMENT TO:***

**Nenana Student Living Center – Confidential Information**

P.O. Box 442, Nenana, Alaska 99760

*Attention: Admissions Committee*

Phone: (907) 832-2000 Ext 321 Fax: (907) 832-5277

E-mail Address: [nslcapp@nenanalynx.org](mailto:nslcapp@nenanalynx.org) Website: <http://nenanalynx.org/nslc>

**Nenana Student Living Center part of Nenana City School District**

## NSLC TOP FIFTEEN LIST

### Things we want to make sure parents and students understand:

#### **Initial each line:**

- **Medical:** Primarily, health care is the responsibility of parents/guardians. If parents/guardians have concerns they need to contact the NSLC office and speak to the district nurse to make arrangements. **All appointments go through the NSLC nurse.**
- Most cost for medical/dental care is covered, if we have proof of tribal membership and/or Denali Kid Care insurance information. If a visit or procedure is not covered by insurance, parents/guardians are responsible for payment
- The NSLC does not chaperone or transport students to specialty care appointments in Anchorage or out of state. Parents/guardians are responsible for all transportation arrangements and costs. NSLC will transport to the Fairbanks airport for medical reasons. NSLC does not facilitate any appointments for any elective procedure, such as changing the color of contact lenses, or new dental braces.
- **Non-prescription vitamins/supplements** will be provided by the NSLC any that are brought by a student will be stored and kept in the med room until the student travels home. Students will be asked not to bring them back when they return.
- The Nenana Student Living Center is **not a treatment facility**. If your child suffers from alcohol/drug abuse, depression, self-harm, or suicidal ideation, the NSLC is not an appropriate facility for your student.
- **Sick Days:** Students who are too sick to go to school are required to stay in their room for the rest of the day. Students may not be checked out on a day they are home sick from school, unless being checked out by a parent/guardian. Students will not be permitted to have any cell phones in their rooms during school hours while they are sick as their focus should be resting and recovery.
- **Trips to Fairbanks:** There will be many outings to Fairbanks planned. These trips are for group activities and shopping. They are not intended to be a taxi service for students wanting to be dropped off for the weekend.
- **Transportation for personal trips is to be the sole responsibility of the student and their parent(s).** The NSLC office needs at least a seven-day notice for Fairbanks pick-up/drop-off for parent-arranged student travel. There will be a \$50 service fee each way for gas and staffing required to pick-up/drop-off the student that needs to be paid in advance (Any notice less than 72 hours will incur a \$75 fee each way).
- **Winter Break:** For the December break the NSLC dorm is closed, students are required to leave. Parents/guardians need to make arrangements and all associated costs are the responsibility of the parent/guardian(s). Free transportation to/from Fairbanks vicinity and airport will be available on specified days of the week.
- **Curfew :** Students must be in the building at 8:30 pm on school nights, and 11:00 pm on weekends.
- **Contraband:** Items such as aerosol cans, and personal care products containing alcohol (mouthwash, rubbing alcohol, and hand sanitizer), pre-workout, energy drinks are considered contraband **and will be required to be mailed home or disposed of.** Contraband such as weapons, tobacco products, vapes, alcohol, illegal drugs and drug paraphernalia will be disposed of by the NSLC staff. Under no conditions will illegal items be returned to the student. Pornography will be shipped back to the student's parents.

**NSLC TOP FIFTEEN LIST - CONTINUED**

**Initial each line:**

- **Personal spending money:** While many things are provided, not every expense is covered. Students will need their own money (for movies, meals out, dances, performances, postage, etc.) The NSLC is not responsible for lost cash, and we therefore discourage students from possessing large amounts of cash. One way for parents to supply their students with spending money is to open up a bank account that offers a debit card. Another source to help provide money for student spending is setting up a Cash App account and ordering a card. (When possible staff can help set up accounts) You can then deposit or transfer whatever amount of money you would. There is an ATM available in Nenana along with many in Fairbanks. It is more secure for them to have small amounts when needed rather than carrying around a large amount of cash.
- **Vehicles:** For the safety of all concerned, students are not allowed to accept rides from personal vehicles, unless they are checked out. Your child will not be allowed to ride with anyone under the age of 21.
- **Student check out procedures:** Students are able to come and go from NSLC, however, we insist that staff know where they are and when they will be back. This is accomplished through a sign out sheet (all students are required to use the sheet whenever they leave campus). There is also a weekend checkout procedure that must be followed and a checkout slip that must be filled out. Students are not allowed to visit someone's home or be on private property unless they are checked out.
- **On school nights** students may be checked out only for limited hours and must be signed back in no later than 8:30pm. **No overnight check outs on school nights** unless by student's parent/guardian.
- **Chores:** NSLC students are assigned various job duties on a rotating basis. By participating in regular chores and responsibilities, students learn important life skills. NSLC students are required to clean their rooms on a regular basis. We expect students to keep their rooms neat and clean for safety and health reasons.
- **Study Hall:** Study Hall will be available for any student seeking assistance or for a quiet place to focus. Computers are available for them to do their school work. If the student is failing his/her classes, parents will be notified and the recommendation to make Study Hall mandatory. We do provide tutors and other learning assistance.
- **Cell Phones:** Students are not permitted to make/ take any phone calls while attending mandatory study hall or after lights out unless it involves an emergency.

If a student chooses to use his or her cell phone during these times, students will receive a verbal warning and if the use continues they can receive a write-up with potential demerit points and can lead up to the director taking their phones at 9:00pm. After lights-out cell phone use is a major contributor to student lack of sleep, which then manifests in students sleeping in class. When the Principal and Director determine that a student has chronic issues of sleeping in class and/or late to school the student will need to turn in their cell phone to the office every school night at 9:00 pm.

Parent Signature: \_\_\_\_\_ Printed Parent Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Printed Student Name: \_\_\_\_\_

**This list was compiled to avoid any misunderstandings that parents and students may have. Each of these 12 points is addressed in the NSLC parent/student handbook. Please take time to read it and feel free to ask for clarification on anything you question or do not understand**

