



Alaska EXCEL 2020 Application

For Summer XL, Summer Credit Recovery
or Graduate's Life Prep

Student Information

Name: _____
(First) (MI) (Last)

What I like to be called: _____

Gender: Male Female Date of Birth: _____ (mm/dd/yyyy) Current Age: _____

Ethnicity: White African/American Hispanic Asian
American Indian/Alaska Native Native Hawaiian/Pacific Islander
Two or more ethnic representation

Mailing address: _____

Physical address: _____

Personal email address: _____

School email address: _____

Grade: _____ School name: _____

Student phone number: _____ Student social security number: _____

xxx-xx-xxxx

Emergency contact information (parent or guardian)

Name: _____ Home/Cell phone: _____

Relationship to student: _____ Work phone: _____

Choose the Summer XL Session
you want to attend:

- Summer XL - 1 (June 16-23)
- Summer XL - 2 (July 14-21)
- Summer XL - 3 (July 28-August 4)

- Credit Recovery 1 - (June 1-10)
- Credit Recovery 2 - (June 29-July 8)

I am a 2020 graduate and I want help with
life planning

Choose the strand you are interested in:

- Introduction to Medical Careers
- NCCER Construction
- Introduction to Aviation
- Introduction to Culinary Arts

Choose the subject for Credit Recovery:

- English
- Math
- Science

Applicant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Disclaimer: I hereby waive on behalf of myself and the above-named child any liability of the Alaska EXCEL, Inc. or any of its agents or employees, arising out of infectious diseases including COVID-19, natural and/or accidental disasters, and/or medical treatment.

The confidentiality of all information requested in this application is protected by AS 23.15.190 and 34 CFR 361.38, and complies with 45 CFR 164.508.



Alaska EXCEL Sessions 2019-2020 application

Medical Consent Form

Student name: _____ Date: _____

Student birthdate: _____ Parent or guardian name: _____

Please sign bottom of form

_____	_____
Home/cell telephone number	Medicaid number
_____	_____
Work telephone number	Medical insurance company
_____	_____
Emergency contact name and number	Group #

I, the legal guardian of _____, give my consent to emergency medical treatment, hospitalization or behavioral treatment as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider. I understand every effort will be made to contact me before treatment, however, if I am unavailable, I give permission for the medical provider to treat my child in the event of an emergency. I also give consent to allow my child to receive the appropriate over-the-counter medication if needed.

I hereby waive on behalf of myself and the above-named child any liability of the Alaska EXCEL, Inc. or any of its agents or employees, arising out of such medical treatment.

I hereby give my consent for the above student to engage in School District/EXCEL approved interscholastic activities as a representative of his or her school. I also give my consent for the student to accompany the group as a member of its out-of-town trips. I understand the Board of Education does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the school programs/EXCEL. I also understand accident insurance coverage is my responsibility.

Please list any allergies your child has: _____

If you are not sending prescription medication, skip to the bottom of the form and please sign.

The following medication is required during school hours to improve or maintain the health of this student. The authorized EXCEL staff may contact me regarding this medication. I understand only one prescribed medication can be listed on this document. Multiple medication authorization forms can be submitted.

_____	_____
The above-named child should receive prescribed medication for the condition listed above.	Name of medication
_____	_____
Prescribed daily dosage	Time and dosage given at school
_____	_____
Beginning date	End date

Possible side effects	

I, _____, request the prescribed medication listed above be given to my child named above.

- I understand only current medications will be given at Alaska EXCEL sessions and trained EXCEL staff will administer medication.
- I agree to defend and hold Alaska EXCEL employees harmless from any liability for the results of the listed medication or the manner in which it is administered, and to defend and indemnify Alaska EXCEL and its employees for any liability coming from these arrangements.
- I give permission for authorized Alaska EXCEL staff to contact the health provider regarding this treatment.
- I will notify the school immediately if the medication is changed and understand the authorized Alaska EXCEL staff may contact the health care provider or pharmacist regarding this medication.
- I understand this medication will be destroyed unless picked up by the end of the last student school day of this year (per federal DEA requirements)

Signature of parent or guardian: _____

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