

Alaska EXCEL Sessions 2023-2024 Application Send Applications to apply@excelalaska.org

Student Inform	ation			
Name:	(F: 1)		(4 1)	
	(First)	(MI)	(Last)	
Gender: Male 🗆 F	Female 🗆 Date of Birth:		(mm/dd/yyyy) Cu	urrent Age:
American Indian/Al	that apply): White 🗆 laska Native 🔲 Nativ oration are you a part o	e Hawaiian/Paci	fic Islander 🗖	Asian 🗆
Mailing address:	P.O. BOX			
Physical address:	P.O. BOX	Village/City	State	Zip Code
	Street	Village/City	State	Zip Code
Personal email add	lress:			
School email addre	ess:			
	School Name/Distric			
Student phone num	nber:	Student social se	ecurity number:	
	et information (parent o		,	XXX-XX-XXXX
Name:		Hom	ne/Cell phone:	
Relationship to stud	lent:	Work	k phone:	
		Check all be	elow that apply:	
Look at the EXCEL Sessi		□ I have a S	tate ID card	
the session(s) you would	a like to afferia.	□ I have an	AK Driver's Permit	
1		□ I have an	AK Driver's License	
2			ribal ID Card	
3.			original Social Security (•
J			original Birth Certificate	
4			ER Core Certified	
5		NCCER Card	d #	
		List the colle	eges or training programs yo	ou would
List jobs or careers you	would like to learn about:	like to learn		
3		3.		



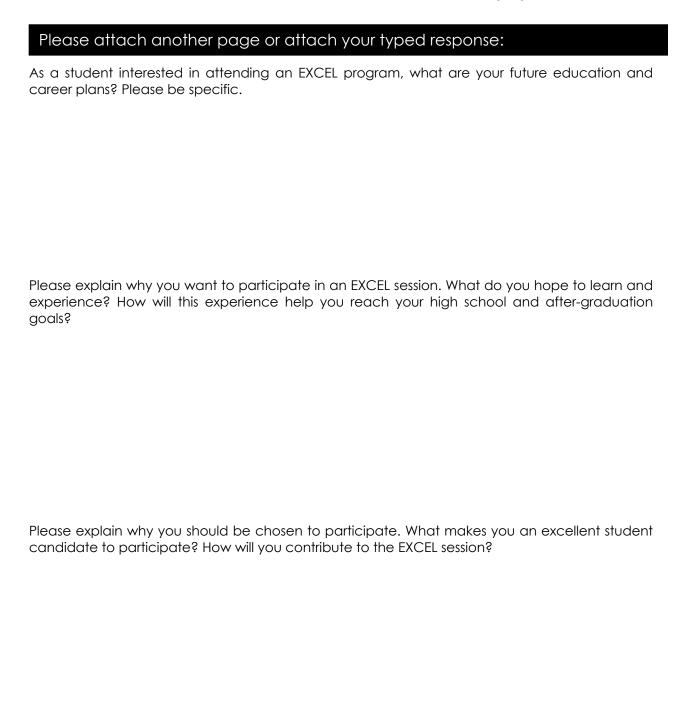
Initial Student Recommendations and Contract

Teacher recommendations – please have 2 teachers/principal recommend you for the EXCEL session.

I believe this student would be a good candidate for this EXCEL session and would benefit from participation in this experience. This student would also represent themselves, our school, and our district well through their effort, respect, and good behavior.

Teacher/staff signature: Teacher/staff signature: Principal/staff signature:	Date: Date: Date:
Please check any of the below which applies to the student applica kept confidential): Student has a disability Student has an IEP Student has	·
Read and initial: General camp/session expectations – Student Cont I understand I will be missing important class instruction while attending EXCE for maintaining passing grades in my regular classes before and after the ses classwork and homework)	EL Camp and I am responsible
\square I will follow all rules of my district, Alaska EXCEL, and listen to the EXCEL stat	ff.
\square I will fully participate in all learning activities and required session activities.	
\square I understand I could be traveling to Anchorage, Seward, Soldotna, Palmed determined depending on the session.	r, or other locations to be
\square I understand (ages 16-18+) at times I will not be in direct supervision with a responsible to follow all district and Alaska EXCEL's rules and expectations.	chaperone and I am still
Student and Parent Consent	
Student applicant and guardian read and agree to the above stude	ent contract:
Applicant signature:	Date:
Parent/Guardian signature:	Date:
PARENTS/GUARDIANS, IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US US Contact number while student is attending Alaska EXCEL: 907	
At Alaska EXCEL we offer students tobacco quitting aids for students use. Your signature below indicates your consent for Alaska EXCEL statobacco quitting aids.	
Parent/Guardian Signature:	Date:







Teacher or counselor scoring guide for student: Please give the student an accurate score. The score will NOT keep a student from attending, rather it will help EXCEL staff in working with the student.

	(1) Limited effort	(2) Developing	(3) Proficient	(4) Advanced
Communication & Life-skills	□ Does not take on personal responsibility in most cases and depends on others. □ Has difficulty in any leadership capacity. □ Actions show a lack of communication skills as well as a lack of understand of their importance.	□ Demonstrates personal responsibility inconsistently. □ Is hesitant to be prompted to complete tasks. □ Applies communication and etiquette skills in some settings.	□ Displays personal responsibility for successful daily living consistently. □ Critiques leadership qualities in a variety of settings. □ Demonstrates effective communication and etiquette skills in class.	☐ Encourages others in positive ways to take on responsibility. ☐ Assists others in development of leadership skills. ☐ Offers assistance to others without being asked.
Problem solving & decision making	☐ Experiences difficulties in dealing with change. ☐ Does not recognize need for own time management. ☐ Displays limited ability of time management, problem-solving, decision making, commitment, follow- through, and work ethic in the classroom and extracurricular events.	☐ Practices flexibility and adaptability, integrity, and resiliency inconsistently. ☐ Has difficulty with consistency in time management, problem-solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. ☐ Finds difficulty in dealing with stress.	□ Demonstrates flexibility, adaptability, integrity, and resiliency (FAIR). □ Practices time management, problem-solving, decision making, commitment, follow through, and work ethic in the classroom and extracurricular events. □ Recognizes strategies for stress management.	☐ Models flexibility, adaptability, integrity, and resiliency in words and actions. ☐ Implements time management, problem-solving, decision making, commitment, follow through, and work ethic in the classroom and extracurricular events on a consistent basis. ☐ Manages stress and helps others.
Teamwork	☐ Demands constant prodding to participate with others. ☐ Does not relate well with others.	☐ Participates in limited ways with some prompting in participating with others. ☐ Has occasional difficulty with relationships.	☐ Demonstrates teamwork and healthy relationships when participating with others. ☐ Assists others in need.	☐ Serves as a leader in developing teamwork and heathy relationships in class. ☐ Fosters cooperation and accomplishment.
Goal-setting	□ Does not recognize deadlines. Rarely sets own personal goals	☐ Makes and meets deadlines inconsistently. ☐ Displays difficulty in setting personal goals and carrying through.	☐ Makes and meets deadlines. ☐ Displays ability to set personal goals and carry through.	Implements strategies to set and meet deadlines and goals, both individually and in class.

Teacher name (print please)	Teacher signature



Media Release Form

Dear Student and Parent/Guardian.

We may be recording (audio, video, and digital still photographs) teacher and student activities associated with, but not limited to the Alaska EXCEL programs. These recording may be used for educational and informational use in a variety of media from our website and newsletters, to the Alaska EXCEL videos we produce. All the recorded material is the property of Alaska EXCEL.

Please read the following guidelines and check the corresponding box if you agree/disagree:

- 1. I give permission for my son/daughter to participate in any audio recording, video recording, and photography that may become part of materials or products possibly shared with other school districts and business partners.
- 2. I understand the intention of the recordings/photos and the purpose of the programs to be

produced, as stated above.		
☐ I agree to the guidelines listed a media recordings associated with a	• .	
☐ I disagree with the guidelines listed in any media recordings associated	. .	
Student information:		
Student printed name	Student signature	Date
Parent printed name		



and/or medical treatment.

Alaska EXCEL Sessions 2023-2024 Application

Medical Consent Form Date: ___ Student name: _ 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 # _, give my consent to emergency medical treatment, hospitalization or behavioral I, the legal guardian of 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 Name of medication medication for the condition listed above. Prescribed daily dosage Time and dosage given at school Beginning date End date Possible side effects , 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 DISCLAIMER: I hereby waive on behalf of myself and the above-named child any liability of the Alaska EXCEL, Inc. or and of its agents or employees, arising out of infectious diseases, including COVID-19, natural and/or accidental disasters,

Signature of parent or guardian:

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.



Student Behavior & Expectations

To be reviewed, understood, and signed by all participants

PARENTS AND PRINCIPAL PLEASE READ

What you should NOT "bring", "use" or "sell" at any Alaska EXCEL program:

- Alcohol, Controlled Substances or Drug Paraphernalia.
- Weapons. firearms, knives, or any object that poses danger to self and others.
- Tobacco Products. The Alaska EXCEL program does not allow the use of any type of tobacco product by students and staff. Our position on tobacco use is three-fold:
 - Use of tobacco is in direct opposition to Alaska EXCEL's philosophy of promoting personal wellness and healthy lifestyles.
 - Alaska State Statutes states it is "illegal to sell, give, trade, or exchange any products (including vending machines) containing tobacco to any person under 21 years of age". If students do currently use tobacco products, we strongly encourage them to discontinue their use immediately.
 - We understand many students have and/or currently use tobacco products and are aware of the side effects associated withdrawal. Hard candy and gum will be provided to help curb any cravings. Consequences for use or possession or sale of alcohol, controlled substances, paraphernalia, weapons or tobacco products: A student found using or selling or in the possession of alcohol, controlled substances, tobacco products or weapons of any type, while attending Alaska EXCEL activities, will face immediate disciplinary actions, which may include immediate expulsion from the program, as well as possible legal action taken.

PROGRAM EXPECTATIONS

- 1. Between 10-11:00 p.m. (or as determined by staff) curfew -lights out, quiet, in bed.
- 2. After lights out you are not to leave your own floor until breakfast time.
- 3. Always travel in pairs (or larger groups) unless specifically given instruction and permission to do otherwise.
- 4. Always inform a staff member of your whereabouts.
- 5. Disrespecting students, staff or the facilities will not be allowed.
- 6. No body piercing, hair dyeing, or tattoos while at Alaska EXCEL activities How you come to EXCEL Alaska Sessions and Camps is how you leave Alaska EXCEL Sessions Camps!
- 7. No PDA's (public displays of affection)

I have read and understand these expectations and agree to abide by them during my stay wit
Alaska EXCEL. I also understand willful violation of these rules may result in my immediate dismiss
from the program and expedited return home at my respective school district, parent of
guardian's expense. I also understand I may be subject to further discipline as outlined under m
district's Student Decorum Code.

Student printed name	Student signature	Date



Packing List
Things to bring

□ Your	sense of Adventure and Desire to Learn!
I	Ninter Gear for travel between <u>October and May</u> Full gear means heavy jacket and snow pants or snow suit, hat, heavy gloves, winter boots
	Jal clothes, enough for your stay Jeans/other long pants, t-shirts, long sleeved shirts, sweatshirts, socks, underwear and sleepwear
_	etic clothes Gym shoes, workout pants / shorts / top
	onal Hygiene Items Soap, deodorant, shampoo, toothbrush/paste, comb, etc.
	ey for personal spending (Give to EXCEL Staff to put in safe, EXCEL cannot replace missing money)
□ Swim	n wear Visits to the swimming pool is a common occurrence
1	Professional Clothes Nicer clothes (non-t-shirts, no printing on shirts). Pants not worn or faded or torn. Professional / Nice. (Only EXCEL 9-12 Sessions)

Other Things to Note:

- Electronics and headphones are acceptable as designated by the instructors. Cell phones may not be used during class or group activities.
- Cell phones/electronics may be checked in with the Alaska EXCEL staff during the school day and may be checked out during appropriate times.

Alaska EXCEL is Education for Life

Our values - student-centered, experience, relevance, loyalty

STATE OF ALASKA **DIVISION OF MOTOR VEHICLES**

PARENT/GUARDIAN CONSENT FOR A MINOR

Pursuant to Alaska Statute 28.15.071, an application for a person under the age of 18 must be signed by a parent or legal guardian. The person who authorizes issuance of the license or permit is liable for damages caused by the minor when driving a motor vehicle. You may

file a written request to cancel the license or permit. The above applies until the minor reaches 18 years of age. Please complete in ink: , hereby give my consent for Parent's / Guardian's Name

	whose date	of himsh in	to obtain.
Applicant's Name	whose date	or birth is	to obtain:
SELECT ONLY ONE			AGE
Alaska Driver's Instruction Pe	ermit (Class IP)		(14 - 17)
Alaska Provisional Driver's Li	icense (Class D)*		(16 - 17)
Alaska Driver's License (Clas	s D)**		(16 - 17)
Alaska ATV & Snowmachine	· Driver's License (Class R)***		(16 - 17)
* Must have held a valid permit for the class of ** Must have held a valid <u>Provisional</u> license (D *** Must only operate on public roads in common	license applying for (IP for D or IM for M1) for at lead or M1) for 6 months with no violations or repeat miunities that allow operation through a local ordinance use Form 433M - Parent/Guardian Consent For	st 6 months with no violations. nor consuming offense. e that conforms to AS 28.01.010(a).
license/permit at any time.	or this individual until his/her 18th birthday. I underst the applicant has had at least 10 hours of driving prience.		
Parents Driver's License #:	Issuing State:	Your Relationship to Applicant:	
Your Mailing Address:			
Email		Phone	
Signature:			
	day of, 20	- AMVC / Office #	
My Commission Expires:	antative (LOGIN ID & Office Number)	ANIVO/ Office #	

Provisional License Information and Restrictions

A person under the age of 18 is required to have a provisional license for a minimum of six (6) months before a regular license can be issued. The provisional license must be the same class as the regular license you are applying for. (D or M1) The applicant cannot have been convicted of a traffic law in the six months prior to application. The following restrictions apply to a provisional license:

- 1) Applicant may not carry passengers under the age of 21, with the exception of siblings or a legal guardian.
- 2) May not operate a motor vehicle between 1:00 a.m. and 5:00 a.m., unless:
 - accompanied by a licensed driver age 21 or above.
 - driving to or from their place of employment along the most direct route.

To obtain a regular license, the applicant cannot have been convicted of a traffic law or repeat minor consuming revocation in the six (6) months prior to application for a regular license.

Notes: Passenger and curfew hours do not apply to a license with an off-highway restriction.

When the driver reaches age 18, the restrictions for the provisional license no longer apply. Obtaining a regular license is optional.

If parent not present at DMV form must have the parents signature notarized.



All documents presented must be:

- ✓ Unaltered certified originals
- Certified amended originals
- True copies certified by the issuing agency
- Valid and unexpired

Foreign documents must have certified English translation (DMV Form COFAT.PDF).



Continue on the status Comment status Comment status Comment status Comment status Comment status Comment status Continue on the status Comment Comment status Comment stat	need the following documents:	ments:	need the following documents:	With Fawial Status III the O.S.
Residential Address Number Nocument same durrent residence annothbiling cycle Account numbers and balances may be resdacted. Number Number Nocument Sand and Inc	Α	В	С	
Certified copy of U.S. birth certificate (issued by a city, county, or state vital statistics office; not issued by a city, county, or state vital statistics office; not issued by a city, county, or state vital statistics office; not issued by a city, county, or state vital statistics office; not issued by a city, county, or state application Deed or Title to Residential Real Property Or Mortgage Document Certificate of Naturalization or after July 1, 2010 I am ineligible for a social security number. Social security number. A verification letter on or after July 1, 2010 I am ineligible for a social security number. A verification letter on or after July 1, 2010 I am ineligible for a within the last 90 days I am ineligible for a social security number. A verification letter on or after July 1, 2010 I am ineligible for a social security number. A verification letter on or after July 1, 2010 I am ineligible for a social security number. A verification letter on or after July 1, 2010 I am ineligible for a social security number. A verification of the SSA issued within the last 90 days I am ineligible for a social security number. A verification of Flactions of Higher Education in Alaska Division of Elections I am ineligible for a social security number. A letter on Letter for Payment of Resident Tuition at A Public Institution of Higher Education in Alaska A Letter on Letterhead from A Homeless Shelter, Shelter for Abused Women, Nonprofit Entity, Faith-Based I am ineligible for a security number. A letter on Letterhead from A Homeless Shelter, Shelter for Alaska Confirmation Nonprofit Entity, Faith-Based I am ineligible for a security number. A letter on Letterhead from A Homeless Shelter, Shelter for Alaska Confirmation Nonprofit Entity, Faith-Based I am ineligible for a security number. A letter on Letterhead from A Homeless Shelter, Shelter for Alaska Confirmation by The U. S. P. S. I st Class Mail with Postmark (Mail May Be Handwritten) A letter o	Identity & Lawful Status	Social Security Number		 Name Change Do the names on your column A and C Documents match? If not, provide one or more of the following:
			_	

STANDARD

(Federal Limits Apply)

All documents presented must be:

- Unaltered certified originals
- ✓ Certified amended originals
- True copies certified by the issuing agency
- √ Valid and unexpired

Foreign documents must have certified English translation (DMV Form COFAT.PDF).



For your <u>first</u> Alaska crede the following documents:	dential U.S. Citizens, Pets:	For your <u>first</u> Alaska credential U.S. Citizens, Permanent Residents, Temporary Resident with Lawful Status in the U.S. need the following documents:	wful Status in the U.S. need
Identity & Lawful Status	Social Security Number	Residential Address One document is required containing your first and last name and current residence address. Account numbers and balances may be redacted.	Name Change Do the names on your column A and C Documents match? If not, provide one or more of the following:
□ U.S. passport or passport card □ Certified copy of U.S birth certificate (issued by a city, county, or state vital statistics office; not issued by a hospital) □ Certificate of Naturalization or Certificate of U.S. Citizenship □ Birth certificate from a U.S. Territory. Puerto Rico birth certificates issued on or after July 1, 2010 □ Consular Report of Birth Abroad of U.S. Citizen □ Foreign passport with valid U.S. Visa and approved I-94 form □ I-551 Resident Alien / Permanent Resident Card □ I-766 Employment Authorization Document Card	 ✓ Your complete SSN written on the application OR ☐ I am ineligible for a social security number. A verification letter from the SSA issued within the last 90 days will be required 	□ Rental or Lease Agreement with The Signature of The Owner/Landlord and The Tenant/Resident □ Deed or Title to Residential Real Property ■ Mortgage Document ■ Home Utility Bills (Including Cellular Phone) □ Employment Documents □ Insurance Documents, Including Medical, Dental, Vision, □ Life, Home, Rental and Vehicle □ Government Issued Tax Document ■ Financial Institution/Bank Statement □ Voter Registration Confirmation Letter or Postcard Issued by The Alaska Division of Elections □ Proof of Payment of Resident Tuition at A Public Institution of Higher Education in Alaska □ A Letter on Letterhead from A Homeless Shelter, Shelter for Abused Women, Nonprofit Entity, Faith-Based Organization, Employer or Government Agency Within the United States Attesting That the Applicant Resides in Alaska □ Alaska Certificate of Vehicle Titles or Registration (Issued At Least 30 Days Prior To The Date of Application) □ Change of Address Confirmation by The U.S.P.S. □ 1st Class Mail with Postmark (Mail May Be Handwritten) Alaska Tribal Card (For Non-Standard Remote Alaska Addresses Only, Within the Tribal Area Indicated on The Card) □ At DMV's Discretion Other Documents May Be Accepted. Please Contact 907-269-5551 For Assistance	Adoption documents that contain the legal name as a result of the adoption Court Certificate of document that contains the legal name both before and after the name change Marriage certificate A certificate, declaration, or registration document verifying the formation of a civil union or domestic partnership Certified Divorce Decree, Dissolution of marriage/civil union/domestic partnership document that contains the legal name as a result of the court action Amended Birth Certificate Certificate of Naturalization/ Certificate of Name Change Certified Court Order That Contains all previous and current Names, and Date of Birth.