Cook Inlet Tribal Council
3600 San Jeronimo Drive
Anchorage, Alaska 99508
Main (907) 793-3600
toll-free (877) 985-5900
schoolyard@citci.org

People. Partnership. Potential.

CITC Schoolyard Program

Student Information (please print clearly)

Print Name
(First/Last) _____

Student Phone _____ Student Email _____

We'd like to know more about you:

I currently am

- ☐ Enrolled in School _____ Grade _____
- ☐ Enrolled in GED completion program
- ☐ Enrolled in High School Completion Program
- ☐ Not enrolled

Primary Parent/Guardian Information

I currently receive TANF. ☐

Name _____

Mailing Address _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Secondary Parent/Guardian Information

Name _____

Mailing Address _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Information

Name of Physician _____ Phone _____

Health or Physical Condition _____

Medication _____

Allergies _____

In the event of an emergency, I authorize the at the student be referred to any appropriate health care facility or to:

Parent/Guardian Signature: _____ **Date:** _____

To be considered eligible, your application must be complete and include the following documentation: 1) Certificate of Indian Blood or 2) concurrent enrollment in the CITC TANF program or 3) letter from tribal entity. Please FAX this information to 907-793-3264 or scan/email to schoolyard@citci.org.

Transportation:

☐ I will personally provide transportation for my student from his/her home to the CITC Transportation Center and back.

☐ I (the student) am 18 years of age and have my own transportation to and from the CITC Schoolyard Program.

☐ I (the student) need a bus pass to and from the CITC Transportation Center.

☐ **(Required)** CITC personnel are authorized to transport my student on field trips in CITC vehicles.

☐ **(School year only)** I (Guardian/Parent) hereby authorize the student to be transported in CITC vehicles to the CITC Transportation Center. This is only applicable to particular schools (TBD) in the Anchorage School District. Pick-up details will be provided. Bad weather conditions may require cancellation of the day's program. Schools will be notified by 12:00pm of any change. Disruptive behavior, physical conflict, illegal drug and other serious infractions on CITC vehicles will not be tolerated.

Only the following are authorized to pick up the student from the CITC Schoolyard Program.

Name	Phone #	Relation to Student
1.		
2.		
3.		

Parent/Guardian Signature: _____

Acknowledgement and Agreement

I understand that the student may be photographed and videotaped for educational, promotional, and archival purposes. I hereby consent to the release of all photos and videos.

I waive any and all claims against CITC, their employees, servants, and agents in connection with the student's participation in the Schoolyard Program.

Parent/Guardian Name: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

CITC Schoolyard Program
Student Behavior Contract

Welcome to the CITC Schoolyard Program.

Please read the following list of expectations and their corresponding rules of conduct carefully before signing the Student Behavior Contract. If there is anything that you do not understand, please discuss it with your instructor or program director prior to signing the contract. We wish you great success as you learn and enjoy your time with us!

I will:

Respect members of the CITC staff, adults, and my fellow students.

- Be polite to everyone and treat others as I would like to be treated.
- Show appreciation for knowledge and expertise of teachers, Elders, and guest presenters by listening attentively.
- Keep my hands to myself, which means I will not engage in public displays of affection.

Respect the CITC Center

- Do my part in keeping the CITC Schoolyard Program area clean and orderly.
- Report any damage immediately so that it can be repaired.

Respect the Schoolyard Program

- Show my commitment to the Schoolyard Program by participating as much as I am able.
- Do my part to minimize distractions by turning off cell phones, pagers, iPods, etc. before entering the Schoolyard.

Respect the Driver and the Van (Only applicable during After-School Program)

- Do my part to keep the van neat and clean by not bringing food or drink into the van.
- Do my part to keep everyone safe by behaving in a courteous and orderly manner.
- Offer to share seating if the van is crowded.

If I cause any danger, damage, or disruption in any manner to the Schoolyard Program's employees, visitors, participants, grounds, facilities, and/or programs, I fully understand that I will be subject to disciplinary actions to and including expulsion from the Schoolyard Program and may be prohibited from returning to CITC's property.

Parent/Guardian and Student, please read and sign:

We have read, fully understand, and agree to follow all of the Schoolyard's expectations listed on this form while participating in the Schoolyard Program. We understand that CITC is partnered with the Anchorage School District.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Computer Usage and Internet Agreement

A. I will use the technical resources without being disruptive to CITC's operations or in violation of the CITC's policies or any law.
B. I acknowledge that all information created, sent, distributed, or stored on CITC's technical resources is the property of CITC.
C. I have no reasonable expectation of privacy in any message, file, image, or data created, sent, distributed or received by using CITC's technical resources including the wireless network.
D. I understand that with using CITC technical resources, my technology usage may be monitored and acknowledge CITC's right to conduct such monitoring.
E. I understand that any communications that contain verbal abuse, slander, or defamation or that are offensive or threatening are strictly prohibited. This includes copying, posting, printing, and/or accessing sexually explicit or offensive material. Offensive content would include, but not be limited to: harassing, vulgar, obscene, or sexual comments or images, racial slurs, gender-specific comments, or any comments that would offend someone on the basis of his or her age, ethnicity, gender, religion, national origin, sexual orientation, pregnancy, marital or family status, citizenship or other protected class, disability or veteran status.
F. I understand I am responsible for maintaining the protection and confidentiality of my passwords, IDs and other system access.
G. I will not attempt to discover another user's password, or to break into or access a computer system, account or data files other than my own authorized accounts. If I break this rule, it may grounds for immediate expulsion of the Schoolyard Program.
H. I will not download or install programs, patches, sound files, screen savers, or any other binary files that are executable without prior approval or direction from the Schoolyard Staff.
I. I will not copy any computer program files.
J. I will not partake in any activity that is illegal under local, state, federal or international law while utilizing CITC's network. Including:
    1. Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the uploading and/or distribution of "pirated" or other software products that are not appropriately licensed for use by CITC.
    2. Unauthorized uploading of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, company logos and copyrighted music.
    3. Introduction of malicious programs into the system or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).
    4. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data for which the user is not an intended recipient or logging into a server or account that the user is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information for malicious purposes.
K. I will not sidestep around any user authentication or security of any account.

I understand that if I violate any of these terms, I may have my computer access removed and could be expulsed from the Schoolyard Program.

Computer Usage and Internet Policy Acknowledgement

I have read and fully understand my obligations and responsibilities as outlined above.

Student SSN: _____ **Student ID:** _____

IF YOU DO NOT HAVE A SSN OR STUDENT ID, A PASSWORD WILL BE ASSIGNED FOR YOU

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

CITC Intake Form

Instructions

Complete information for the prospective client. For families, fill in the information for the primary contact. Complete the information on subsequent pages for each family member to receive services.

Date of Intake: _____

Participant Name:

	Last Name:	First Name:	Middle Name:	Suffix:
Current Name:				
Maiden/Other Name(s):				

Birth Date: _____ ☐ Estimated

Social Security Number: _____

Gender: ☐ Male ☐ Female

Home Address (Residence): _____ ☐ Rent ☐ Own ☐ Staying w/ Relatives or Friends

☐ Mailing Address Same

If not Provided, Due to Homelessness? ☐ No ☐ Yes

Have You Moved to Anchorage in the Past 3 Years? ☐ Yes ☐ No If Yes, From Where? _____

Mailing Address: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Email Address: _____ ☐ Home ☐ Work

Registered for Selective Service (Males between the ages of 18 and 25, according to federal guidelines): ☐ Yes ☐ No

Veteran: ☐ Yes ☐ No

CITC Intake Form

Marital Status:	☐ Single ☐ Married ☐ Divorced	☐ Separated ☐ Widowed
Participant Race (Check All That Apply):	☐ White ☐ Black, African Am. or Negro ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean	☐ Vietnamese ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Asian ☐ Other Pacific Islander ☐ Other Race. Specify: _____
Participant of Hispanic, Latino or Spanish origin:	☐ No, not of Hispanic, Latino or Spanish origin ☐ Yes, Mexican, Mexican Am. Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban	☐ Yes, another Hispanic, Latino or Spanish origin Specify:_____
Alaska Native Ethnicity:	☐ Aleut ☐ Alutiiq ☐ Athabascan. ☐ Eyak ☐ Haida ☐ Inupiat	☐ Siberian Yup'ik ☐ Tlingit ☐ Tsimshian ☐ Yup'ik / Cup'ik ☐ Don't Know
Regional Corporation Affiliation:	☐ Shareholder ☐ Family Member ☐ Descendant of	
	☐ Ahtna ☐ Aleut ☐ ASRC ☐ Bering Straits ☐ Bristol Bay ☐ Calista ☐ Chugach ☐ CIRI	☐ Doyon ☐ Koniag ☐ NANA ☐ Sealaska ☐ 13th Region ☐ None ☐ Unknown

CITC Intake Form

Employment Status:

Currently Working:

- ☐ Yes
- ☐ No
- ☐ Part-Time
- ☐ Full-Time

Main Occupation:

- ☐ Architecture & Engineering
- ☐ Arts, Design, Entertainment, Sports & Media
- ☐ Building & Grounds Cleaning & Maintenance
- ☐ Business & Financial Operations
- ☐ Community & Social Services
- ☐ Computer & Mathematical
- ☐ Construction & Extraction
- ☐ Education, Training & Library
- ☐ Farming, Fishing & Forestry
- ☐ Food Preparation & Serving Related
- ☐ Healthcare Practitioners & Technical
- ☐ Healthcare Support
- ☐ Installation, Maintenance & Repair
- ☐ Legal
- ☐ Life, Physical & Social Science
- ☐ Management
- ☐ Military Specific
- ☐ Office & Administrative Support
- ☐ Personal Care & Service
- ☐ Production
- ☐ Protective Service
- ☐ Sales & Related
- ☐ Student
- ☐ Transportation & Material Moving
- ☐ Other: _____

If Unemployed, Last Date of Employment: _____

- ☐ Estimated
- ☐ Never Worked

Education Status:

Last Grade Level Completed:

- ☐ Pre-K / Headstart
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ Vocational / Technical College
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree and/or Above

Certificate/Degree Title: _____

Completion Year: _____

CITC Intake Form

Emergency Contact Information:

Emergency Contact Name: Last: _____ First: _____

Middle: _____

Emerg. Cont. Home Number: _____

Emerg. Cont. Cell Number: _____

Emerg. Cont. Work Number: _____

Emerg. Cont. Email Address: _____ ☐ Home ☐ Work

Initial Program/Service Requested:

- ☐ Employment and Training
- ☐ Child and Family Services
- ☐ Educational Services
- ☐ Recovery Services
- ☐ Chanlyut
- ☐ Two Spirits Gallery

I understand that the information that I have provided CITC on this Intake form will be used to assist CITC in providing me an offering of appropriate services. I consent to receive services from CITC and understand that I can accept or decline any of the services or programs that CITC offers to me.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Internal Use Only

Form of ID Provided:

- ☐ Drivers License
- ☐ State ID
- ☐ Student ID
- ☐ Military ID
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ CIB
- ☐ Passport / Work Visa / Student Visa
- ☐ Permanent Residence Card

Additional Household Member Information
Please complete these questions for each family member in Participant's home.

Total Number of Individuals in Home: _____

Name: First, M.I., Last	Relation to You: If not related write NR	Birth Date:	Sex: M = Male F = Female	Social Security #: Last 4 digits only

Cook Inlet Tribal Council, Inc.
3600 San Jeronimo Drive, Anchorage, AK 99508
Phone (907) 793-3600; Fax (907) 793-_____

Authorization to Release Personal Information from CITC

Participant's Name: _____ DOB: _____ Last four digits of SSN: _____

I (_____ **Participant** _____ **Parent** _____ **Legal Guardian)** hereby authorize Cook Inlet Tribal Council (CITC) to:

☐ _____ **Release protected health and other information as indicated below.**

The Participant's signature below authorizes CITC to release protected health information and personal information to the following organization(s).

Name: _____
(Facility, Organization, or Individual Name)

Address: _____ Phone/Fax: _____

PURPOSE OF INFORMATION:
At the request of the participant for the purpose of treatment or services.

For Recovery Services state specifications: _____

I understand that although this ROI, if signed, provides CITC with the authority to release my information, CITC policies require that only the minimum necessary information be for the provision of services.
Other specifications, if any

Psychotherapy Notes CAN NOT be released with this Authorization – see Psychotherapy Authorization to obtain those records

WRITTEN **(W)**, ELECTRONIC **(E)** AND/OR VERBAL **(V)** INFORMATION RELEASED: (circle and initial all that apply)

W / E / V ____Application for Services
W / E / V ____Income and Wages
W / E / V ____Psychological Evaluation
W / E / V ____Psychiatric Evaluation
W / E / V ____Attendance/ Progress Report
W / E / V ____Substance Abuse Assessment
W / E / V ____Education assessments*

W / E / V ____Immunization Records
W / E / V ____FAS/FASD Assessments
W / E / V ____Billing Information
W / E / V ____Legal History
W / E / V ____Service Plan (non-clinical)
W / E / V ____Admission Summary
W / E / V ____Health History/Physical Records

W / E / V ____Psychosocial History
W / E / V ____Lab Reports
W / E / V ____Treatment Plan (clinical)
W / E / V ____Medication Records
W / E / V ____Career Development
W / E / V ____Discharge Summary

W / E / V ____ Other (specify): _____

W / E / V ____(Special Conditions)_____

***I give permission for the exchange of any and all information required for these purposes, including but not limited to grades, personal information, attendance, test scores, date and place of birth, schools attended, tribal affiliation, educational barriers, applicable community agencies and other information through Zangle and other resources between CITC and ASD, and within CITC. This exchange is permissible until this release expires, even if I am no longer a student of ASD or participant of CITC. I understand that I may request a copy of the records being released at any time. _____ (initials)**

1. I understand that: (1) I can refuse to authorize the release of any personal health information (PHI); (2) I am not required to release PHI in order to ensure health care treatment, payment, enrollment, or eligibility for health care benefits; (3) I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524; (4) the information released may include information regarding Psychiatric Treatment (except psychotherapy notes), Substance Abuse Treatment/Rehabilitation, Medical Treatment, and HIV status. I give specific authorization for these records to be used and disclosed. If I have questions about disclosure of my health information, I can contact the CITC Privacy Officer at 907-793-3403.
2. I understand that: (1) I have a right to revoke this authorization at any time; (2) if I revoke this authorization I must do so in writing and present my written revocation to CITC for PHI records, and by telephone for substance abuse treatment records; (3) the revocation will not apply to information that has already been released in response to this authorization; (4) the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
   Unless otherwise revoked, this authorization will expire on the following date : _____. For all PHI information, a date must be specified. This authorization will be presumed to expire (1) one year after the signature date below unless otherwise specified above.
3. I understand that my alcohol and/or drug treatment records (if any) are protected under the Health Insurance Portability Accountability Act of 1996 (HIPAA) and its enacting regulations , and that, depending on the nature of the record and treatment involved, my records may also be protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. I understand that only health information covered by 42 CFR Part 2 (alcohol and drug abuse records), will continue to be protected by law from redisclosure once it leaves CITC. However, if the information is covered only by HIPAA, it is subject to redisclosure by the recipient and may no longer be protected. I understand that my records cannot be disclosed by CITC beyond what is permitted under this authorization without my written consent, unless provided for by the regulations.
   ☐ _____ **Check if information being disclosed is subject to 42 CFR part 2 (alcohol and substance abuse treatment).**
   NOTICE TO RECIPIENT – PROHIBITION ON REDISCLOSURE IF BOX IS CHECKED: This information has been disclosed to you from records that may be protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from further disclosing this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

By my signature below, I indicate that I have read this document or have had it read to me, that I fully understand its meaning, and that I consent to its terms knowingly and voluntarily.

_____ _____/_____/_____
Signature Date

_____ _____ _____/_____/_____
Signature of Guardian/Parent/Authorized Person Relationship to Participant Date

_____ _____/_____/_____
Printed Name Date

_____
Signature of Organization/Facility Representative

Signed copy received by participant: ☐ _____ **Yes** ☐ _____ **No, participant declined copy**

PHOTOCOPY WILL SERVE AS ORIGINAL.

****THIS FORM NOT TO BE SENT OUTSIDE OF CITC****

Cook Inlet Tribal Council, Inc.
3600 San Jeronimo Drive, Anchorage, AK 99508
Phone (907) 793-3600; Fax (907) 793-

Authorization to Obtain/Release Personal Information Within CITC

Participant's Name: _____ DOB: _____ Last four digits of SSN: _____

I (_____ **Participant** _____ **Parent** _____ **Legal Guardian)** hereby authorize Cook Inlet Tribal Council (CITC) to:
☐ _____ **Obtain/Release protected health and other information within and among CITC departments as indicated below. Please mark any records to be shared within CITC.**

PURPOSE OF INFORMATION:
At the request of the participant for the purpose of treatment or services.

For Recovery Services records state specifications: _____

_____
(If info is recorded here, do NOT upload form into CITC MIS)

I understand that although this ROI, if signed, provides CITC with the authority to release my information within CITC departments, CITC policies require that only the minimum necessary information be released for the provision of services. Other specifications, if any:

_____
_____
_____

Psychotherapy Notes CANNOT be released with this Authorization – see Psychotherapy Authorization to obtain those records

WRITTEN **(W)**, ELECTRONIC **(E)** AND/OR VERBAL **(V)** INFORMATION RELEASED:
(circle and initial all that apply)

W / E / V ____ Application for Services	W / E / V ____ Income and Wages
W / E / V ____ Admission Summary	W / E / V ____ Health History/Physical Records
W / E / V ____ Psychosocial History	W / E / V ____ Lab Reports (OCS and PO)
W / E / V ____ Treatment Plan (clinical)	W / E / V ____ Medication Records
W / E / V ____ Discharge Status	W / E / V ____ Career Development Assessment
W / E / V ____ Psychological Evaluation	W / E / V ____ Psychiatric Evaluation
W / E / V ____ Attendance/ Progress Report	W / E / V ____ Education assessments*
W / E / V ____ Immunization Records	W / E / V ____ FAS/FASD Assessments
W / E / V ____ Billing Information	W / E / V ____ Legal History
W / E / V ____ Service Plan (non-clinical)	W / E / V ____ Housing

W / E / V ____ Other (specify)_____

W / E / V____(Special Conditions)_____

1. I understand that: (1) I can refuse to authorize the release of any personal health information (PHI); (2)I am not required to release PHI in order to ensure health care treatment, payment, enrollment, or eligibility for health care benefits; (3) I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524; (4) the information released may include information regarding Psychiatric Treatment (except psychotherapy notes), Substance Abuse Treatment/Rehabilitation, Medical Treatment, and HIV status. I give specific authorization for these records to be used and disclosed. If I have questions about disclosure of my health information, I can contact the CITC Privacy Officer at 907-793-3403.

2. I understand that: (1) I have a right to revoke this authorization at any time; (2) if I revoke this authorization I must do so in writing and present my written revocation to CITC for PHI records, and by telephone for substance abuse treatment records; (3) the revocation will not apply to information that has already been released in response to this authorization; (4) the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. **Unless otherwise revoked, this authorization will expire on the following date : _____. For all PHI information, a date must be specified. This authorization will be presumed to expire (1) one year after the signature date below unless otherwise specified above.**

3. I understand that my alcohol and/or drug treatment records (if any) are protected under the Health Insurance Portability Accountability Act of 1996 (HIPAA) and its enacting regulations, and that, depending on the nature of the record and treatment involved, my records may also be protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. I understand that only health information covered by 42 CFR Part 2 (alcohol and drug abuse records), will continue to be protected by law from redisclosure. However, if the information is covered only by HIPAA, it is subject to redisclosure by the recipient and may no longer be protected. I understand that my records cannot be disclosed by CITC beyond what is permitted under this authorization without my written consent, unless provided for by the regulations.

☐ _____ **Check if information being disclosed is subject to 42 CFR part 2 (alcohol and substance abuse treatment).**
NOTICE TO RECIPIENT – PROHIBITION ON REDISCLOSURE IF BOX IS CHECKED: This information has been disclosed to you from records that may be protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from further disclosing this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (If checked/initialed, do NOT upload into CITC MIS system).

THIS FORM NOT TO BE SENT OUTSIDE OF CITC

By my signature below, I indicate that I have read this document or have had it read to me, that I fully understand its meaning, and that I consent to its terms knowingly and voluntarily.

_____ _____/_____/_____
Signature Date

_____ _____ _____/_____/_____
Signature of Guardian/Parent/Authorized Person Relationship to Participant Date

_____ _____/_____/_____
Printed Name Date

_____
Signature of Organization/Facility Staff

Signed copy received by participant: ☐ _____ **Yes** ☐ _____ **No, participant declined copy**

Continued from Page One - Billing Entities potentially receiving information: AETNA; Affiliated Computer Services, Inc (Medicaid); AK Pipe Trade Local 367 Health and Security; AK Electrical Health and Welfare Fund; AK HERE Health and Welfare Trust; AK Rural Employee Benefit Trust; Alaska Labors; Alaska U.C.F.W.Trust; Ameriben/IEC Group; ASEA/AFSCME Local 52 Health Benefits Trust; Blue Cross Blue Shield; Chanlyut; First Choice Health PPO Plan; Great West Health Care; Health and Welfare Benefits System; Healthcomp; Meritain Health; ODS Select Network Group; PGBA/Tricare; Principal Financial Group; Providence Health Plan; PS5 Health Plan Solutions; Risk Benefits Management Services; Salvation Army; SO AK Carpenters Health & Security Plan; SOA Office of Children's Services; American Postal Workers Union Health Plan; Zenith Administrators

PHOTOCOPY WILL SERVE AS ORIGINAL

Family Educational Rights and Privacy Act (FERPA):

This Authorization to Release Personal Information within CITC is governed by The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), which protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education, including the Anchorage School District.

Anchorage School District

CREDIT BY CHOICE

APPLICATION

STUDENT NAME _____ **ID #** _____

PRESENT GRADE LEVEL (*Circle One*) = 9 10 11 12 **DATE** _____

CONSIDERATION IS REQUESTED FOR: (CHECK ONE)

☐ **PROGRAM #1 – EDUCATIONAL TRAVEL**
Travel to _____ Date _____

☐ **PROGRAM #2 – CORRESPONDENCE COURSE**
Course Title _____
Correspondence Program _____
Under the Supervision of _____

☐ **PROGRAM #3 – COLLEGE COURSEWORK**
College _____
Course Title _____
Number of Semester Hours _____ (*Course must be level 100 or above*)

☐ **PROGRAM #4 – EARLY COLLEGE ADMISSIONS PROGRAM**
Coursework to be taken at _____
GPA (must be 3.5 or above) _____

☐ **PROGRAM #5 – CREDIT BY EXAMINATION**
Course Title _____
Under the Supervision of _____
Approximate Exam Date _____

☐ **PROGRAM #6 – COMMUNITY SERVICE / FIELD STUDY**
Title _____
Under the Supervision of _____

☐ **PROGRAM #6 –WAIVER OF PE**
For ☐Fall / ☐Spring Semester of _____ (year)
For the following activity _____
See Specific Program Requirements and follow attached Required Journal Format

Signature of Physical Education Department Chair _____

OFFICE USE ONLY

Student Signature _____
Parent Signature _____
Counselor Signature _____
APPROVED by Curriculum Principal _____
___/___/___