

SCHOOL APPLICATION FOR MEMBERSHIP IN ASAA

Please complete and return this application form to become a member school of the Alaska School Activities Association. You may fax this form back to (907) 561-0720, or mail it to the address below.

Type of School: **Public** **Private** **Home** **Number of students currently enrolled in grades 9-12**

School **Principal**

Address **City** **Zipcode**

Phone **Fax** **Email**

School Mascot **School Colors**

SUPERINTENDENT / SCHOOL DISTRICT INFORMATION

School District **Public School Superintendent , if applicable**

School District Address **City** **Zipcode**

School District Phone **School District Fax** **School District Email**

SCHOLASTIC STANDARDS

Is the school approved by the state or other accrediting agency? Yes No

Do students take the state assessment tests? Yes No

Is the curriculum approved by the state or other national entity? Yes No

If so, please name the specific entity:

FOR OFFICE USE ONLY

Region **Decision** **Date** **Executive Director's Signature**

 APPROVED
 DISAPPROVED

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
 4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org