

# SCHOOL MEMBERSHIP APPLICATION

**Type of School:**    **Public**    **Private**    **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**

\_\_\_\_\_

**SchoolDistrict 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**  
 Scan and email this form to office@asaa.org or fax to 907-561-0720