

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