

SCHOOL MEMBERSHIP APPLICATION

Type of School: Public Private <input type="checkbox"/> <input type="checkbox"/>		Number of students currently enrolled in grades 9-12 <input type="text"/>	
School <input type="text"/>		Principal <input type="text"/>	
Address <input type="text"/>		City <input type="text"/>	Zipcode <input type="text"/>
Phone <input type="text"/>		Email <input type="text"/>	
School Mascot <input type="text"/>		School Colors <input type="text"/>	

SUPERINTENDENT / SCHOOL DISTRICT INFORMATION

School District <input type="text"/>		Public School Superintendent , if applicable <input type="text"/>	
School District Address <input type="text"/>		City <input type="text"/>	Zipcode <input type="text"/>
SchoolDistrict Phone <input type="text"/>		School District Email <input type="text"/>	

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 <input type="text"/>	Decision <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Date <input type="text"/>	Executive Director's Signature <input type="text"/>
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ALASKA SCHOOL ACTIVITIES ASSOCIATION

Scan and email this form to office@asaa.org