SCHOOL MEMBERSHIP APPLICATION

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

Number of students currently enrolled in grades 9-12

School

Principal

Address

City

Zipcode

Phone

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 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
☐ APPROVED
☐ DISAPPROVED

Date
_____/_____/_____

Executive Director's Signature

ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org