

# 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**

<b>Region</b>	<b>Decision</b>	<b>Date</b>	<b>Executive Director's Signature</b>
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	____/____/____	

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