

Titillaalugu Nalaunnaruapayaaq

(Mark all applicable spaces) (For informational purposes only)

- Iyaalugruaq uqatlaruq sulii kanjqsitlaruq ilanjitnik lñupiatun.
Child speaks and understands some leupiaq.
- Iyaalugruam anayuuqaani kanjqsillaruk sulii uqallaruk ilanjitnik lñupiatun.
Parent/Guardian understands and speaks some leupiaq.
- Iyaalugruam anayuuqaani kanjqsillaruk sulu uqallaruk ilanjitnik lñupiatun.
Parent/Guardian does not understand nor speak leupiaq.
- Iyaalugruam anaqatiini sulii allat kiñuniñmi ittuat lñupiaaraallaruat.
Other member(s) of the child's immediate household are fluent speaker(s) of leupiaq.

Atinjich (names) _____

Qanuq ilagivaun (relationship) _____

- Iyaalugruam anayuuqaani ilisamaruk lñupiaaraafiqmik aglagviñmi.
Parent/Guardian has taken lñupiaq courses in high school and/or college.

Aglauraakich tamatkua iyaalugruam ilisamakkanji pilgupluni lñupiatun ilitqusiat sulii uqapiaraafiqmik.
Note any special information relating to the child's lñupiaq cultural experience and language environment.

Anayuuqaam ukua kanjqsimapiagai:

The Parent understands the following: (Please initial)

_____ Kanjqsiruna tavrani lñupiatulhiñaq ilisautniakkanjich.
I understand that the leupiaq immersion program will be conducted entirely in the leupiaq language.

_____ Kanjqsiruna katimmatyiaqtuksrautilaaga iyaalugruaga tavrani ilisagniaqpan.
I understand that as a parent, I will be expected to attend evening meetings held regularly if my child is accepted.

_____ Iyaalugruaga tavrani lñupiatulhiñaq ilisagniaqtuq ikiuq naallugu.
My child will attend for the entire school year.

_____ Kanjqsiruna ilannimi ikayuutauniiranjiaqtilaamnik.
I understand that I will be called to serve as a resource person from time to time.

Atiga (Signed by Parent/Guardian) _____

Uvlupak (date) _____

Nikaitchuat Iļisaġviat
PO Box 389
Kotzebue, Ak 99752
(907)442-4160 or fax (907)442-2162

Iļisaġuktuum Nalupqinaġutai (Applicant Information)

Iļupiaqsisaa (Child's Iļupiaq Name)

Iyaalugruam Atqa (Child's Name)

(Choose one): _____Aġnaiyaaq (Female)

_____Anjutaiyaaq (Male)

Annivia (Birth Date mm/dd/yy)

Ukiuqtutilaana (Age)

(Student's Ethnicity):

_____Iļupiaq

_____Naluagmiuq (Caucasian)

_____Itqiliq (American Indian)

_____Taaqsipak (African Am.)

_____Other Alaskan Native

_____Spanish

_____Asian

_____Other _____

Anġayuqaagum Nalupqinaġutai (Parent/Guardian Information)

Anġayuqaaniņ Atinġich (Parent/Guardian Name(s))

E-mail address

Tuyuusiaksraġvik (Mailing Address)

Tupqat Ittuq Uvani (Physical Address)

Kiņungat Phone Nampana (Home Phone)

Savagviat Phone Nampana (Work)

Cell phone (s)

Parent/Guardian Statement

*I realize that this application does **not** guarantee admission to the school and that the application procedure may place the applicant's name on a waitlist for the school. I understand that if my child is accepted into the school, I agree to pay a fee of \$500.00 per month in accordance with an accepted payment schedule.*

Atiġa (Parent/Guardian Signature)

Uvlupak (Date)