Titillaalugu Nalaunnaruapayaaq
(Mark all applicable spaces) (For informational purposes only)
☐ Iyaalugruaq uqatlaruq suli kaniqsitlaruq ilanitnik Inuipiatun.
   Child speaks and understands some leupiaq.

☐ Iyaalugruam anayuqanji kaniqsillaruk suli uqallaruk ilanjinik Inuipiatun.
   Parent/Guardian understands and speaks some leupiaq.

☐ Iyaalugruam anayuqanji kaniqsillaruk sulu uqallaruk ilanjinik Inuipiatun.
   Parent/Guardian does not understand nor speak leupiaq.

☐ Iyaalugruam anaqatijini suli allat kiñuniymi ittuat Inupiaraallaruat.
   Other member(s) of the child’s immediate household are fluent speaker(s) of leupiaq.

Atinjich (names)__________________________________________________________
Qanuq Ilagivaun (relationship)________________________________________________

☐ Iyaalugruam anayuqanji ilisamaruk Inuipiarafiigmik aglagvinmi.
   Parent/Guardian has taken Ilupiaq courses in high school and/or college.

Aglauraakich tamatkua iyaalugruam ilisamakkanji pilquplun Inupiatun iltgusiaq suli uqapiaraafiigmik.
Note any special information relating to the child’s Inupiaq cultural experience and language environment.

Anauqaan ukua kaniqsimapiaguq:
The Parent understands the following: (Please initial)

__________Kaniqsiroña tavrani Inupiatulhiñaq ilisautniakkanich.
   I understand that the Inupiaq immersion program will be conducted entirely in the Inupiaq lan-
   guage.

__________Kaniqsiroña katimmmyaqtusrautilaaqa iyaalugruqa tavrani ilisagnaqpan.
   I understand that as a parent, I will be expected to attend evening meetings held regularly if my
   child is accepted.

__________Iyaalugruqa tavrani Inupiatulhiñaq ilisagnaqtuq ikuq naallugu.
   My child will attend for the entire school year.

__________Kaniqsiroña Íllnnimi ikayuutauniiqnaqtilaamnik.
   I understand that I will be called to serve as a resource person from time to time.

Atiğa (Signed by Parent/Guardian) __________________________________________

Uvlupak (date) __________________________________________________________
Iñupiaqsisaa (Child’s Iñupiaq Name)  
Iyaalugruam Atqa (Child’s Name)  
(Choose one):  
______Ağnaiyaaq (Female)  
______Anůtaiyaaq (Male)  

Annivia (Birth Date mm/dd/yy)  
Ukiiqtutilaaña (Age)  

(Student’s Ethnicity):  
______Iñupiaq  
______Itqiliq (American Indian)  
______Other Alaskan Native  
______Asian  
______Naluaŋmiuq (Caucasian)  
______Taaqsiipak (African Am.)  
______Spanish  
______Other  

Aŋayuqaagum Nalupqiniaŋutai (Parent/Guardian Information)  

Aŋayuqaaniñ Atiñich (Parent/Guardian Name(s))  
E-mail address  

Tuyuusiaksraŋvik (Mailing Address)  
Tupqat Ittuq Uvani (Physical Address)  

Kiñungat Phone Nampaña (Home Phone)  
Savagviat Phone Nampaña (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. 

Atiña (Parent/Guardian Signature)  
Uvlupak (Date)