

### Titillaalugu Nalaunnaruapayaaq

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

- ☐ Iyaalugruaq uqatlaruq sulī kanīqsitlaruq ilānitnik lñupiatun.  
*Child speaks and understands some leupiaq.*
- ☐ Iyaalugruam aṇayuqaṇi kanīqsillaruk sulī uqallaruk ilāniññik lñupiatun.  
*Parent/Guardian understands and speaks some leupiaq.*
- ☐ Iyaalugruam aṇayuqaṇi kanīqsillaruk sulu uqallaruk ilāniññik lñupiatun.  
*Parent/Guardian does not understand nor speak leupiaq.*
- ☐ Iyaalugruam anaqatiini sulī allat kiñuniḡmi ittuat lñupiaaraallaruat.  
*Other member(s) of the child's immediate household are fluent speaker(s) of leupiaq.*

Atinich (names) \_\_\_\_\_

Qanuq ilagivaun (relationship) \_\_\_\_\_

- ☐ Iyaalugruam aṇayuqaṇi ilisamaruk lñupiaarafigmik aglagvinmi.  
*Parent/Guardian has taken lñupiaq courses in high school and/or college.*

Aglauraakich tamatkua iyaalugruam ilisamakkanjī pilgupluni lñupiatun ilitqusiat sulī uqapiaraafigmik.  
*Note any special information relating to the child's lñupiaq cultural experience and language environment.*

Aṇauqaam ukua kanīqsimapiagai:

*The Parent understands the following: (Please initial)*

\_\_\_\_\_ Kanīqsiruna tavrani lñupiatulhiṇaq ilisautniakkanjich.  
*I understand that the leupiaq immersion program will be conducted entirely in the leupiaq language.*

\_\_\_\_\_ Kanīqsiruna 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 lñupiatulhiṇaq ilisagniaqtuq ikiuq naallugu.  
*My child will attend for the entire school year.*

\_\_\_\_\_ Kanīqsiruna 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 Iḷisaḡviat  
PO Box 389  
Kotzebue, Ak 99752  
(907)442-4160 or fax (907)442-2162

**Iḷisaḡuktuam Nalupqinaḡutai (Applicant Information)**

\_\_\_\_\_  
Iḷupiaqsisa (Child's Iḷupiaq Name)

\_\_\_\_\_  
Iyaalugruam Atqa (Child's Name)

(Choose one): \_\_\_\_\_Aḡnaiyaaq (Female)

\_\_\_\_\_Aḡutaiyaaq (Male)

\_\_\_\_\_  
Annivia (Birth Date mm/dd/yy)

\_\_\_\_\_  
Ukiuqtutilaḡa (Age)

(Student's Ethnicity):

\_\_\_\_\_Iḷupiaq

\_\_\_\_\_Naluaḡmiuq (Caucasian)

\_\_\_\_\_Itqiliq (American Indian)

\_\_\_\_\_Taaqsipak (African Am.)

\_\_\_\_\_Other Alaskan Native

\_\_\_\_\_Spanish

\_\_\_\_\_Asian

\_\_\_\_\_Other \_\_\_\_\_

**Aḡayuqaagum Nalupqinaḡutai (Parent/Guardian Information)**

\_\_\_\_\_  
Aḡayuqaanīñ Atinīch (Parent/Guardian Name(s))

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Tuyuusiaksraḡvik (Mailing Address)

\_\_\_\_\_  
Tupqat Ittuq Uvani (Physical Address)

\_\_\_\_\_  
Kiḡungat 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.*

\_\_\_\_\_  
Atiḡa (Parent/Guardian Signature)

\_\_\_\_\_  
Uvlupak (Date)