



Douglas Indian Association  
 Tribal Education Programs Department  
 811 West 12th Street Juneau, Alaska 99801-1529  
 Phone: (907) 364-2916 Fax: (907) 364-2917



## Student Services Application

Douglas Indian Association is pleased to offer Educational Student Service support through the Kali.it'ch'i Kutxayanahá Yaanáx Yee Kawdigán, You All Shine Brighter than The Shining Stars: A Student-Centered Approach to Education Project. The project supports student educational achievement through offering a wide array of student support.

To enroll in the program and access services, students and parents can complete the application and /or register on the E-Portal at: <https://diaelearning.neolms.com/>

Questions should be emailed directly to [education@diataku.com](mailto:education@diataku.com)

## Application Requirements

- Program Serves Students who are Juneau School District Alaska Native or Native American Preschool to High School age students
- When submitting your application, please be sure to select which services you would like to receive more information about or in which you wish to enroll.

## Student Educational Service Options

Student Name: \_\_\_\_\_

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Summer UAS Coursework for High School Youth (Tuition Paid) | <input type="checkbox"/> 11. Youth Counseling (Note, Students / Families may identify their own service provider)                 |
| <input type="checkbox"/> 2. Preschool Educational Kit                                  | <input type="checkbox"/> 12. Summer Reading Program   |
| <input type="checkbox"/> 3. Elementary Educational Kit                                 | <input type="checkbox"/> 13. Tuition/ Fees for Summer Camps   |
| <input type="checkbox"/> 4. Middle School Educational Kit                              | <input type="checkbox"/> 14. Travel Costs for Sponsored Educational Activities as already Identified and Accepted to participate. |
| <input type="checkbox"/> 5. High School Educational Kit                                | <input type="checkbox"/> 15. Requesting Other Educational Service:<br>_____   |
| <input type="checkbox"/> 6. Backpack and Supplies                                      | <input type="checkbox"/> 16. High School Work Experience:   |
| <input type="checkbox"/> 7. Traditional Foods Harvesting                               | <input type="checkbox"/> 16a. Artist Apprenticeship for Youth   |
| <input type="checkbox"/> 8. Language Instruction                                       | <input type="checkbox"/> 16b. Language Apprenticeship for Youth   |
| <input type="checkbox"/> 9. Music Instruction  | <input type="checkbox"/> 16c. Youth Cultural Apprenticeship   |
| <input type="checkbox"/> 10. Tutoring  | <input type="checkbox"/> 17. Youth Work Experience  |

Students and Families may identify an educational service option in which they require assistance that is not listed above. Please contact our Education Staff for more information.

18. Student Name: \_\_\_\_\_ 19. Gender Identity:  Female  Male  
20. Age: \_\_\_\_\_ 21. DOB: \_\_\_\_\_ 22. Grade: \_\_\_\_\_ 23. Graduation Year: \_\_\_\_\_  
24. School Attending: \_\_\_\_\_ 25. Shirt Size:  Child  Adult Size: \_\_\_\_\_  
26. Pant Size:  Child  Adult Size: \_\_\_\_\_ 27. Shoe Size:  Child  Adult Size: \_\_\_\_\_  
28. Special Conditions: \_\_\_\_\_ 29. Allergies: \_\_\_\_\_  
30. Ethnicity:  Alaska Native  Native American  Other: \_\_\_\_\_  
31. Student Phone #: \_\_\_\_\_ 32. Student Email: \_\_\_\_\_  
33. Parent 1 Name: \_\_\_\_\_ 34. Parent 2 Name: \_\_\_\_\_  
35. Parent 1 Phone #: \_\_\_\_\_ 36. Parent 2 Phone#: \_\_\_\_\_  
37. Parent 1 Email #: \_\_\_\_\_ 38. Parent Email: \_\_\_\_\_  
39. Parent 1 Address: \_\_\_\_\_ 40. Parent 2 Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
41. Are you able to volunteer  No  Yes Dates & Times Available: \_\_\_\_\_  
42. Notes: \_\_\_\_\_

I certify that that the information provided in this application is true and complete to the best of my knowledge. I, also give my permission to let my child be photographed and videotaped. The photos/videos could be used to show the progress, completion and public relations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guarding Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Education Department Staff Next Steps

Application Submitted on: \_\_\_\_\_ Date of response: \_\_\_\_\_  
Application Status: \_\_\_\_\_  
Additional Notes/ Next Steps: \_\_\_\_\_