



S.T.Y.P.

Sun'aq Tribal Youth Program

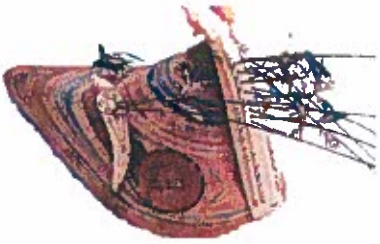
The Sun'aq Tribal Youth services will provide all of the tools necessary for your child to succeed in their education.

Services offered to support good learning habits:

- Tutoring
- Transportation
- Student/Parent/Teacher communications
- Grade Tracking

Sun'aq Tribe of Kodiak requires the following to proceed:

- Must be an Alaskan Native or American Indian
- Must be a member of Sun'aq Tribe
- Must live within the Sun'aq Tribe Service area
- Must be willing to sign a release of information form



CODE OF CONDUCT

As a member of Sun'aq Tribe Youth Club, I will respect others and myself.

This means that I will not offend others by my language or my actions

I will listen and take turns when talking

I know that I am a member of a group who look after each other. I will be careful not to cause injury to my friends either in my actions or in my words.

I will listen to and obey safety instructions that may be given to me by adults supervising the Club.

I will not use or bring into the Youth Club substances that I know should not have, like alcohol, drugs or tobacco.

I will respect property, whether my own or someone else's.

I will not litter because someone has to pick it up.

I will not vandalize because this costs the owner money and reflects badly on my Youth Club.

I will look after Sun'aq property because I know it will cost the Youth Club money to replace or repair damage, and it will mean the Youth Club will have less money to spend on new activities or different equipment.

Signature _____

Date: _____

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312 W. Marine Way
Kodiak, AK. 99615
Phone: (907)486- 4449 FAX: (907)486-3361

I, _____, hereby authorize the release of information requested by the **Sun'aq Tribe of Kodiak** for _____. The requested information shall be used solely in the administration of the **Youth Program Services** offered by the Sun'aq Tribe of Kodiak, and will not be released to any other person or agency outside of the Sun'aq Tribe of Kodiak. I hereby authorize the Sun'aq Tribe of Kodiak to obtain and exchange information related to by application to participate in their programs. This release of information shall be in effect as long as my child is a recipient of the **Sun'aq Tribe Youth Program**.

The following organizations may be contacted: Kodiak Island School Board, Alaska State housing Authority, Kodiak Island housing Authority, Kodiak Area Native Association, Department of Law, Social Security Administration, Tribal Governments and Administrators, Public Assistance programs contractors and grantees, health care providers, financial institutions, Native corporations, school authorities, private individuals and all departments and programs within and administered by the Sun'aq Tribe of Kodiak.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Name: _____

Social Security # _____ Date: ____/____/____

Guardians' Name: _____

Social Security # _____ Date: ____/____/____