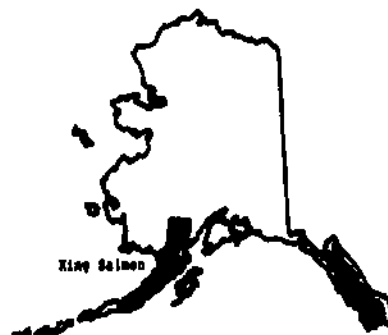


THE
LAKE AND PENINSULA
SCHOOL DISTRICT

101 Jensen Drive
P.O. Box 498
King Salmon, Alaska 99613
Phone (907) 246-4280 / Fax (907)
246-4473



INTENT TO ENROLL
2018-2019

I, Katharine Smith, intend to enroll my children in the
(First and Last Name)

Chignik Lagoon School for the 2018-2019 school year. I assure the LPSD School Board that my child/children will, without a doubt, be in Chignik Lagoon and ready to attend school next fall. I understand that the school board will be using this information to make decisions on the school's status for the coming year.

The children that my family will enroll at the Chignik Lagoon School will be:

Name	Age	Grade
1. <u>Nathan Smith</u>	<u>5</u>	<u>Kindergarten</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

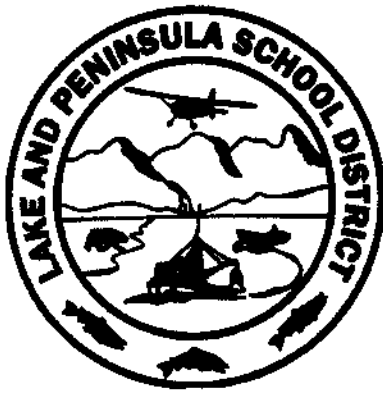
Katharine Z. Smith
(Signature)

3/21/18
(Date)

Verification Contact Information:

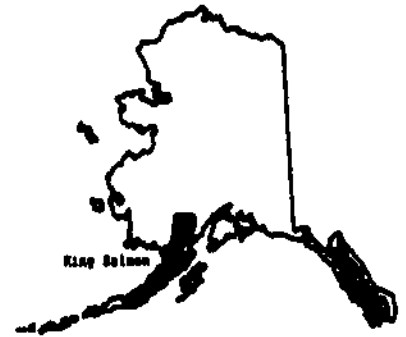
Primary Phone # (907) 840-4010 Secondary Phone # (907) 744-2868

Chignik Bay • Chignik Lagoon • Chignik Lake • Egegik • Igiugig • Ivanof Bay • Kokhanok • Levelock Newhalen
• Nondalton • Pedro Bay • Perryville • Pilot Point • Port Alsworth • Port Heiden



THE
LAKE AND PENINSULA
SCHOOL DISTRICT

101 Jensen Drive
P.O. Box 498
King Salmon, Alaska 99613
Phone (907) 246-4280 / Fax (907)
246-4473



INTENT TO ENROLL
2018-2019

I, Sean Carr, intend to enroll my children in the
(First and Last Name)

Chignik Lagoon School for the 2018-2019 school year. I assure the LPSD School Board that my child/children will, without a doubt, be in Chignik Lagoon and ready to attend school next fall. I understand that the school board will be using this information to make decisions on the school's status for the coming year.

The children that my family will enroll at the Chignik Lagoon School will be:

Name	Age	Grade
1. Savannah Carr	12	6 th
2. Madison Carr	12	6 th
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

[Signature]
(Signature)

3/19/18
(Date)

Verification Contact Information:

Primary Phone # 907-748-4133 Secondary Phone # 907-840-4004

Chignik Bay • Chignik Lagoon • Chignik Lake • Egegik • Igiugig • Ivanof Bay • Kokhanok • Levelock Newhalen
• Nondalton • Pedro Bay • Perryville • Pilot Point • Port Alsworth • Port Heiden



THE
LAKE AND PENINSULA
SCHOOL DISTRICT
101 Jensen Drive
P.O. Box 498
King Salmon, Alaska 99613
Phone (907) 246-4280 / Fax (907)
246-4473



INTENT TO ENROLL
2018-2019

I, Idene Tupuda, intend to enroll my children in the
(First and Last Name)

Chignik Lagoon School for the 2018-2019 school year. I assure the LPSD School Board that my child/children will, without a doubt, be in Chignik Lagoon and ready to attend school next fall. I understand that the school board will be using this information to make decisions on the school's status for the coming year.

The children that my family will enroll at the Chignik Lagoon School will be:

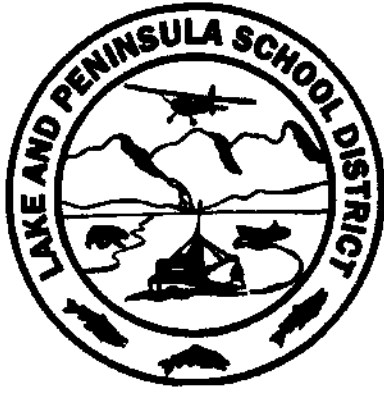
	Name	Age	Grade
1.	<u>Stephanie Tupuda</u>	<u>14</u>	<u>9th</u>
2.	<u>Etelani Tupuda</u>	<u>12</u>	<u>7th</u>
3.	<u>Coilanna Tupuda</u>	<u>9</u>	<u>4th</u>
4.			
5.			
6.			

[Signature]
(Signature)

3/20/18
(Date)

Verification Contact Information:

Primary Phone # 907 840 4103 Secondary Phone # 907 840 2281



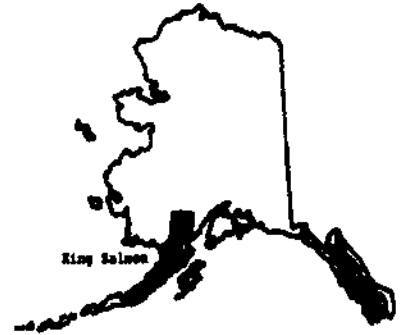
THE
LAKE AND PENINSULA
SCHOOL DISTRICT

101 Jensen Drive

P.O. Box 498

King Salmon, Alaska 99613

Phone (907) 246-4280 / Fax (907)
246-4473



INTENT TO ENROLL
2018-2019

I, Nancy Mills, intend to enroll my children in the
(First and Last Name)

Chignik Lagoon School for the 2018-2019 school year. I assure the LPSD School Board that my child/children will, without a doubt, be in Chignik Lagoon and ready to attend school next fall. I understand that the school board will be using this information to make decisions on the school's status for the coming year.

The children that my family will enroll at the Chignik Lagoon School will be:

	Name	Age	Grade
1	Tatianna Anderson	11	6
2			
3			
4			
5			
6			

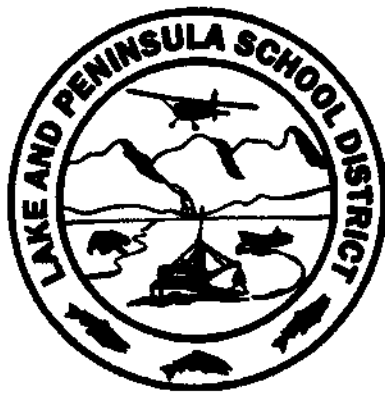
[Signature]
(Signature)

3/19/18
(Date)

Verification Contact Information:

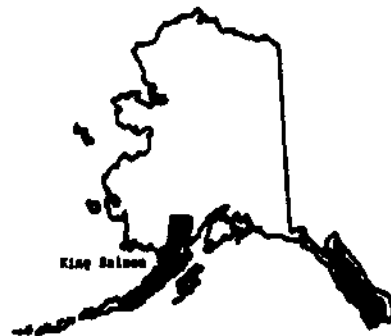
Primary Phone # 907 444-4060 Secondary Phone # _____

Chignik Bay • Chignik Lagoon • Chignik Lake • Egegik • Igiugig • Ivanof Bay • Kokhanok • Levelock Newhalen
• Nondalton • Pedro Bay • Perryville • Pilot Point • Port Alsworth • Port Heiden



THE
LAKE AND PENINSULA
SCHOOL DISTRICT

101 Jensen Drive
P.O. Box 498
King Salmon, Alaska 99613
Phone (907) 246-4280 / Fax (907)
246-4473



INTENT TO ENROLL
2018-2019

I, Samantha J Jones, intend to enroll my children in the
(First and Last Name)

Chignik Lagoon School for the 2018-2019 school year. I assure the LPSD School Board that my child/children will, without a doubt, be in Chignik Lagoon and ready to attend school next fall. I understand that the school board will be using this information to make decisions on the school's status for the coming year.

The children that my family will enroll at the Chignik Lagoon School will be:

	Name	Age	Grade
1	Meghan Colleen Jones	15	10th
2	Katie Ailise Jones	14	9th
3			
4			
5			
6			

Samantha J Jones
(Signature)

3/19/2018
(Date)

Verification Contact Information: Cell

Primary Phone # 907-777-4897

Home
Secondary Phone # 907-840-2476

Chignik Bay • Chignik Lagoon • Chignik Lake • Egegik • Igiugig • Ivanof Bay • Kokhanok • Levelock Newhalen
• Nondalton • Pedro Bay • Perryville • Pilot Point • Port Alsworth • Port Heiden



THE
LAKE AND PENINSULA
SCHOOL DISTRICT
101 Jensen Drive
P.O. Box 498
King Salmon, Alaska 99613
Phone (907) 246-4280 / Fax (907)
246-4473



INTENT TO ENROLL
2018-2019

I, Sara Erickson, intend to enroll my children in the
(First and Last Name)

Chignik Lagoon School for the 2018-2019 school year. I assure the LPSD School Board that my child/children will, without a doubt, be in Chignik Lagoon and ready to attend school next fall. I understand that the school board will be using this information to make decisions on the school's status for the coming year.

The children that my family will enroll at the Chignik Lagoon School will be:

Name	Age	Grade
1. <u>Henry Dushh Erickson</u>	<u>13</u>	<u>9</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

[Signature]
(Signature)

3/19/18
(Date)

Verification Contact Information:

Primary Phone # 907-840-4130 Secondary Phone # _____