



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
2014-2015**

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

Chignik Lagoon School for the 2016-2017 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. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

(Signature)

(Date)

Verification Contact Information:

Primary Phone # _____ 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*

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