

SCHEDULE 2019-2020

July 2019

Advanced Fish and Game Internship (GRI) (8 days July 13th-22nd) Inquire for qualifications — **10 students max**

August 2019

Math Science Expedition (MSE)
(10 days August 8th-19th in Aniak)
Open to grades 7-12 — **33 students max**

September 2019

~~**EXCEL Launch** (6 days September 16th-21st in Anchorage) **Level Up Intensive Basketball Camp**, **Driver's Permit**, **First Aid/CPR**, **Postsecondary Tours**, and more! Open to EXCEL Student Concentrators ONLY (Concentrator – student who has earned .5 HS credit at an EXCEL foundational session and one .5 HS credit at any other EXCEL Session) — **55 students max**~~

October 2019

EXCEL/NIT Heavy Equipment Operations (HEO)
(12 days October 3rd-14th in Anchorage at NIT)
Open to grades 11 and 12 — **16 students max**

EXCEL 11 (Driver's Permit) (10 days October 21st-30th in Anchorage) Open to 11th graders — **20 students max**

November 2019

EXCEL 12 (Driver's License) (11 days November 6th-16th in Anchorage) Open to 12th graders — **18 students max**

December 2019

EXCEL Credit Recovery (10 days December 4th-13th in Anchorage) Open to grades 11 and 12 — **36 students max (12 English, 12 Math, 12 Science Slots)**

January 2020

EXCEL 10 (8 days January 14th-21st in Anchorage)
Open to 10th graders — **20 students max**

EXCEL 9 (6 days January 27th-February 1st in Anchorage) Open to 9th graders — **40 students max**

February 2020

EXCEL 8 (5 days February 10th-14th in Anchorage)
Open to 8th graders — **40 students max**

EXCEL 7 (4 days February 25th-28th in Anchorage)
Open to 7th graders — **40 students max**

March 2020

EXCEL Leadership Session (6 days March 16th-21st in Anchorage) Open to grades 11 and 12 — **55 students max**

EXCEL/NIT Industry Boot Camp (12 days March 24th-April 4th in Anchorage at NIT) Open to grades 11 and 12 — **16 students max**

EXCEL Introduction to Aviation (10 days March 26th-April 4th in Anchorage) Open to grades 10-12 — **18 students max**

EXCEL/NIT Driver's Education/License (8 days March 25th-April 1st in Anchorage) Open to permitted drivers and 18-year-olds — **10 students max**

April 2020

EXCEL Mini-Bridging CTMJ Futures Fair (6 days April 13th-18th in Anchorage) Open to Seniors only — **55 students max**

EXCEL/NIT NCCER Construction/Welding (12 days April 23rd-May 4th in Anchorage) Open to grades 10-12 — **32 students max**

EXCEL/NIT Driver's Education/License (8 days April 27th-May 4th in Anchorage) Open to permitted drivers and 18-year-olds — **10 students max**

May 2020

EXCEL Capstone/Internship (18 days May 16th-June 2nd) at MAPTS Mine Training Center in Delta Junction *plus* June 4th-June 17th Paid Internship) - Must be 18 by 5/22/2020 - **10 students max**



Core Purpose: **Education for Life**

Core Values: **Independent * Student Centered *
Experiential * Relevant * Loyal**



June 2020

Summer XL Camp - Place and strands TBD (28 days May 31st - June 27th) Open to grades 10-12 — **65 students max**

EXCEL Summer Internship Program - (June 3rd - August 21st) Open to 2020 high school graduates - inquire for qualifications.

www.excelalaska.org - 907-222-0798



Yukon-Koyukuk School District's EXCEL Camp Application

WHAT ARE YKSD'S CAMPS AND ACADEMIES?

YKSD offers a variety of camps and academies ranging from one to six week long intensive sessions in partnership with EXCEL Alaska. Students travel to a central location and take part in activities and classes focused on preparing the student for a future career and life skills for after high school graduation. Please see the EXCEL Activity Schedule for a specific list of the camps and their corresponding dates for the 2019-2020 school year.

WHO MAY PARTICIPATE?

Students in good standing. Grade level depending on camp. Students who attend EXCEL 9, 10, 11, or 12 will be given priority when applying for the other camps.

WHAT ARE THE BENEFITS?

- Learn about a variety of careers & post-secondary options
- Make new friends
- Build independent living and social skills
- Gain employability skills
- Have lots of FUN!

DOES THIS OPPORTUNITY COST ANY MONEY?

Tuition, room, and board are covered by YKSD.

HOW ARE APPLICANTS SELECTED?

- Completed Application
 - On track for graduation
 - Grades are a 2.0 GPA or above
 - School Attendance
 - School & Community Behavior
 - Teacher, Counselor, and/or Principal Recommendations
 - Personal Narrative
 - Previous participation in other offerings and events
- (The selection rubric will be provided upon request.)

WHEN IS THE REGISTRATION/APPLICATION DUE?

Varies – refer to each camp for the deadlines.

QUESTIONS?

Please contact Patty Woody, YKSD CTE Coordinator, at 907-374-9435/pwoody@yksd.com or Bob Hawkins, CTE Specialist, at 907-374-9496/bhawkins@yksd.com.



Yukon-Koyukuk School District's EXCEL Camp Application

Application Directions:

Fill out the following forms, checking them off as they are completed. Return all completed forms to cte@yksd.com.

Checklist of Application Forms:

Student Name: _____

- ☐ YKSD Form: Student Application (Page 3)
- ☐ YKSD Form: Parent/Student Contract (Page 4)
- ☐ YKSD Form: Medical Consent & Request for Administration of Medication (Page 5)
- ☐ EXCEL Form: Initial Student Recommendations and Contract (EXCEL Page 1)
- ☐ EXCEL Form: Student Information (EXCEL Page 2-3)
- ☐ EXCEL Form: Teacher/Counselor Scoring Guide (EXCEL Page 4)
- ☐ EXCEL Form: Media Release (EXCEL Page 5)
- ☐ EXCEL Form: Medical Consent (EXCEL Page 6)
- ☐ EXCEL Form: Student Behavior & Expectations (EXCEL Page 7)

The applications will be reviewed based on the following criteria (see the attached rubric):

- Completeness of Application
- Grades
- School Attendance
- School & Community Behavior
- Teacher, Counselor, and Principal Recommendations
- Personal Narrative
- Other offerings and camps attended

Students who are accepted for a camp will be required to attend a mandatory video conference or teleconference meeting prior to attending the camp. Students and families will be notified upon receipt of the application.



**Yukon-Koyukuk School District's
EXCEL Camp Application
Student Application**

Name: _____ School: _____

Grade (this year): _____ Gender (M/F): _____ Student Cell Phone: _____

Parent/Guardian Names _____

Home Mailing Address: _____

Home Phone: _____ Parent/Guardian Work & Cell Phone: _____

Student email: _____ Parent/Guardian email: _____

I/We _____ give consent for our student to participate in
(Parent/Guardian of Student)
the _____ Camp, taking place _____
Camp Name Dates of Camp

I/We understand that the above named student will abide by the rules and regulations as established by the school, the CSC, and the chaperones; should the above student not follow the rules and regulations, the school district will not be liable for the student's misconduct. We understand that we will be responsible for the cost of early transportation home if this should be necessary.

I/We understand the local Board of Education or ASAA does not carry field trip, sport or activity insurance and will not assume responsibility for injuries sustained in this school activity or field trip. I/We also understand that accident insurance coverage is my responsibility.

To the fullest extent permitted by law, I/we (parent/guardian) agree to defend, indemnify and hold harmless the Yukon-Koyukuk School District, its elected and appointed officials, employees, and volunteers against any and all liabilities, claims, demands, lawsuits, or losses, including costs and attorney fees incurred in defense thereof, arising out of or in any way connected or associated with this activity.

Signature of Parent or Guardian

Date signed



**Yukon-Koyukuk School District's
EXCEL Camp Application
Parent/Student Contract**

Program Rules and Regulations:

1. I understand that there will be no overnight visiting with friends while participating in the Phase.
2. I will follow the rules and regulations of my school and the camp.
3. I will keep regular attendance at all the classes and activities.
4. I will follow curfew regulations for the program.
5. I will not possess or use any drugs, alcohol, tobacco, or weapons while participating in the Phase and understand that violation of this will result in my immediate removal from the camp at my parent/guardian's expense.
6. I understand that violation of any state, federal, or municipal laws; such as stealing, shoplifting, etc., will result in my immediate removal from the camp at my parent/guardian's expense.
7. I understand that my property is my responsibility, and that YKSD is not responsible for any items that are lost, damaged or stolen.
8. I will show respect, honesty, courtesy, and cooperation toward my fellow students and all program staff.
9. I understand that I will not be allowed to drive a motorized vehicle while participating in the Phase, unless enrolled in driver's education and under the supervision of the instructor.
10. I will practice good health and hygiene habits, including limiting sugary snacks.
11. I will use appropriate language at all times.
12. I understand that once I have been accepted and agree to attend if I cancel or want to cancel my travel, the change or cancellation fees will be my responsibility.
13. Violation or continued violation of any rules and/or lack of participation could result in my immediate removal from the Phase at my parent/guardian's expense.

I CERTIFY THAT ALL OF THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT I HAVE READ AND UNDERSTAND THE ABOVE STATED RULES AND REGULATIONS. I REALIZE THAT ANY VIOLATION OF THESE RULES MAY RESULT IN MY BEING DISMISSED FROM THE PROGRAM AT THE PARENT/GUARDIAN'S EXPENSE.

Student Signature

Date

Parent/Guardian Signature

Date



**Yukon-Koyukuk School District's
EXCEL Camp Application
Medical Consent & Request for Administration of Medication**

Student Name: _____ Student Birthdate: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medicaid Number: _____

Insurance Company: _____ Group#: _____

I, legal guardian of _____, give consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence, as a member of this camp, and hereby waive on behalf of myself and the above named student any liability of the Yukon-Koyukuk School District, any of its agents or employees, arising out of such medical treatment. I/We understand the local Board of Education does not carry field trips or activity insurance and will not assume responsibility for injuries sustained in this school activity or trip. I/We also understand that accident insurance coverage is my responsibility.

List any allergies your child has: _____

HEALTH STATEMENT. * To the best of my knowledge, my student: _____ is in good health and is able to participate in all academy activities, within limitations as listed.

As parent/guardian of the above named student, I do hereby request that the school district give medication to the above named student. I understand that the school district is not legally obligated to administer medication to the student, and in the absence of the school nurse, other school personnel will administer the medication. I agree not to institute suit against the school district for administration or non-administration of the medication, to defend and hold the school district harmless from any liability resulting from the administration or non-administration of the medication, and to defend and indemnify the school district and its employees from any liability arising out of this agreement. **I will notify the CTE Coordinator if the medication is changed.**

Medication: _____

Prescribed Daily Dose & Times: _____

Beginning Date: _____ End Date: _____

Possible Side Effects: _____

Special Instructions: _____

- If more than one medication is required, multiple medication authorization forms can be submitted.
- I understand that only current medications will be given at this camp and trained YKSD staff will administer the medication.
- I agree to defend and hold YKSD employees harmless from any liability for the results of the listed medication or the manner in which it is administered, and to defend and indemnify the YKSD and its employees for any liability coming from these arrangements.
- I give permission for the authorized YKSD staff to contact the health provider regarding this treatment.
- I will notify the school immediately if the medication is changed and understand that the authorized YKSD staff may contact the health care provider or pharmacist regarding this information.

Signature of Student

Date

Signature of Parent/Guardian

Date

EXCEL Sessions 2019-20

Initial Student Recommendations and Contract

Teacher Recommendations

Please have 3 Teachers/Principal recommend you for the EXCEL Session.

I believe this student would be a good candidate for this EXCEL Session and would benefit from participation in this experience. This student would also represent themselves, our school, and district well through their effort, respect, and good behavior.

Teacher/Staff Signature: _____ Date: _____

Teacher/Staff Signature: _____ Date: _____

Principal/Staff Signature: _____ Date: _____

Please check any that apply for the student applicant (this information will be kept confidential):

Student has a disability ___ Student has an IEP ___ Student has a 504 plan ___ NA ___

Read & Initial: General Camp/Session Expectations - Student Contract

_____ I understand I will be missing important class instruction while attending camp and I am responsible for maintaining passing grades in my regular classes before and after the session experience. (To include all classwork and homework)

_____ I will follow all rules of my district, EXCEL Alaska, and listen to the EXCEL Staff.

_____ I will fully participate in all learning activities and required sessions activities.

_____ I understand I could be traveling to Aniak/Anchorage/Seward/Soldotna/Palmer or other locations to be determined depending on the Session.

_____ I understand (age 16-18+) at times I will not be in direct supervision with a chaperone and I am still responsible to follow all district and EXCEL Alaska's rules and expectations.

Student and Parent Consent

Student applicant and guardian read and agree to the above student contract.

Applicant's signature: **X** _____ Date: _____

Parent's signature: **X** _____ Date: _____

Contact Numbers while student is at EXCEL: (907) 222-3757 or (907) 676-0646

EXCEL Sessions 2019-20

Student Information	
Name: _____ <i>First MI last</i>	Gender: M <input type="checkbox"/> F <input type="checkbox"/> DOB: _____ Age: _____ Ethnicity: White <input type="checkbox"/> African <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/>
Address: _____ _____	Personal Email Address: _____ School Email Address: _____
School Name: _____	Student Phone: _____
Grade: _____	Check All That Apply? <input type="checkbox"/> I have a State ID Card <input type="checkbox"/> I have an AK Drivers Permit <input type="checkbox"/> I have an AK Driver License <input type="checkbox"/> I have a Tribal ID Card <input type="checkbox"/> I have an original Social Security Card <input type="checkbox"/> I have an original Birth Certificate <input type="checkbox"/> I am NCCER Core Certified. NCCER Card # _____
Social Security Number: <i>Look at the EXCEL Session Calendar and fill in the Session(s) for which you are applying: (Make sure you are eligible)</i> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____	
List Jobs/Careers you would like to learn about: 1. _____ 2. _____ 3. _____ 4. _____	Emergency Contact - Parent or Guardian Name: _____ Work Phone: _____ Home Phone: _____ Relationship to Applicant _____
List the Colleges/Apprenticeships/Training Programs you would like to learn about: 1. _____ 2. _____ 3. _____	

Please attach another page or attach your typed response.

As a student who interested in attending an EXCEL program, what are your future education & career plans. PLEASE BE SPECIFIC

Please explain why you want to participate in an EXCEL Session program? What do you hope to learn and experience? How will this experience help you reach your high school and after graduation goals?

Please explain why you should be chosen to participate? What makes you an excellent student to participate? How will you contribute to the EXCEL session?

EXCEL Sessions 2019-20

Teacher or Counselor Scoring Guide for Student: Please give the student an accurate score. The score will not keep student from attending, but help EXCEL Staff in working with the student.

	(1) Limited Effort	(2) Developing	(3) Proficient	(4) Advanced
Communication & Lifeskills	<input type="checkbox"/> Does not take on personal responsibility in most cases, and depends on others. <input type="checkbox"/> Has difficulty in any leadership capacity. <input type="checkbox"/> Actions show a lack of communication skills as well as a lack of understanding of their importance.	<input type="checkbox"/> Demonstrates personal responsibility inconsistently. <input type="checkbox"/> Is hesitant to be prompted to complete tasks. <input type="checkbox"/> Applies communication and etiquette skills in some settings.	<input type="checkbox"/> Displays personal responsibility for successful daily living consistently. <input type="checkbox"/> Critiques leadership qualities in a variety of settings. <input type="checkbox"/> Demonstrates effective communication and etiquette skills in class	<input type="checkbox"/> Encourages others in positive ways to take on responsibility. <input type="checkbox"/> Assists others in development of leadership skills. <input type="checkbox"/> Offers assistance to others without being asked.
Problem solving & Decision making	<input type="checkbox"/> Experiences difficulties in dealing with change. <input type="checkbox"/> Does not recognize need for own time management. <input type="checkbox"/> Displays limited ability to of time management, problem solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. <input type="checkbox"/> Demonstrates inability to handle stress.	<input type="checkbox"/> Practices flexibility, adaptability, integrity, and resiliency inconsistently. <input type="checkbox"/> Has difficulty with consistency in time management, problem solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. <input type="checkbox"/> Finds difficulty in dealing with stress.	<input type="checkbox"/> Demonstrates flexibility, adaptability, integrity, and resiliency (FAIR). <input type="checkbox"/> Practices time management, problem solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. <input type="checkbox"/> Recognizes strategies for stress management.	<input type="checkbox"/> Models flexibility, adaptability, integrity, and resiliency in words and actions. <input type="checkbox"/> Implements time management, problem solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events on a consistent basis. <input type="checkbox"/> Manages stress and helps others.
Teamwork	<input type="checkbox"/> Demands constant prodding to participate with others. <input type="checkbox"/> Does not relate well with others.	<input type="checkbox"/> Participates in limited ways with some prompting in participating with others <input type="checkbox"/> Has occasional difficulty with relationships.	<input type="checkbox"/> Demonstrates teamwork and healthy relationships when participating with others. <input type="checkbox"/> Assists others in need.	<input type="checkbox"/> Serves as a leader in developing teamwork and healthy relationships in class. <input type="checkbox"/> Fosters cooperation and accomplishment.
Goal-setting	<input type="checkbox"/> Does not recognize deadlines. Rarely sets own personal goals.	<input type="checkbox"/> Makes and meets deadlines inconsistently. <input type="checkbox"/> Displays difficulty in setting personal goals and carrying through.	<input type="checkbox"/> Makes and meets deadlines (job shadows). <input type="checkbox"/> Displays ability to set personal goals and carry through.	<input type="checkbox"/> Implement strategies to set and meet deadlines and goals, both individually in class.

Teacher Name (Printed):

Teacher Signature:

Media Release Form

Dear Student and Parents/Guardians,

We may be recording (audio, video and digital stills) teacher & student activities associated with, but not limited to the EXCEL Alaska programs. These recordings may be used for educational and informational use in a variety of media from our Website and Newsletters to the EXCEL Alaska videos. All the recorded material is the property of EXCEL Alaska.

Please read the following guidelines and check the corresponding box if you agree/disagree:

- I give permission for my son/daughter to participate in any tape recording, video recording and photography that may become part of materials or products that could be shared with other school districts and business partners.**
- I understand the intention of the recordings/photos and the purpose of the programs to be produced, as stated above.**

☐ **I agree** to the guidelines listed above and give permission for my child to participate in any media recordings associated with or obtained by the EXCEL Alaska programs

☐ **I disagree** with the guidelines listed above and do not give permission for my child to participate in any media recordings associated with or obtained by EXCEL Alaska.

Student Information:

_____	X _____	_____
<i>Student Printed Name</i>	<i>Student Signature</i>	<i>Date</i>

Parent Information:

_____	X _____	_____
<i>Parent Printed Name</i>	<i>Parent Signature</i>	<i>Date</i>

EXCEL Sessions 2019-20

Medical Consent Form

Date: _____ Student Birthdate _____

Student Name _____

Parent's or Guardian Name _____ **MUST SIGN BOTTOM OF FORM**

Home Telephone: _____

Medicaid Number: _____

Work Telephone : _____

Insurance Company: _____

Emergency Contact: _____

Group #: _____

I, legal guardian of _____, give consent to emergency medical treatment, hospitalization, or behavioral treatment as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider. I understand that every effort will be made to contact me before treatment; however, if I am unavailable, I give permission for the medical provider to treat my child in the event of an emergency. I also give consent to allow my child to receive the appropriate over the counter medicine if needed.

I hereby waive on behalf of myself and the above named child any liability of the EXCEL Alaska, Inc. or any of its agents or employees, arising out of such medical treatment.

I hereby give my consent for the above student to engage in School District/EXCEL approved interscholastic activities as a representative of his or her school. I also give my consent for the student to accompany the group as a member of its out-of-town trips. I understand the Board of Education does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the school programs/EXCEL. I also understand that accident insurance coverage is my responsibility.

List any allergies your child has: _____

If you are not sending, prescription medication, please sign and date at the bottom of form.

BELOW HERE FILL OUT ONLY if you are sending prescription medication with your child.

The following medication is required during school hours to improve or maintain the health of this student. The authorized EXCEL staff may contact me regarding this medication. **I understand that only one prescribed medication can be listed on this document. Multiple medication authorization forms can be submitted.** The above named child should receive prescribed medication for the following condition: _____

- Medication: _____
- Prescribed daily dosage: _____
- Time and dosage given at school: _____
- Beginning Date: _____ End Date: _____
- Possible side effects: _____

I, _____, request that the prescribed medication listed above be given to my child named above.

- I understand that only current medications will be given at EXCEL Session and trained EXCEL staff will administer medication.
- I agree to defend and hold EXCEL employees harmless from any liability for the results of the listed medication or the manner in which it is administered, and to defend and indemnify the EXCEL and its employees for any liability coming from these arrangements.
- I give permission for the authorized EXCEL staff to contact the health provider regarding this treatment.
- **I will notify the school immediately if the medication is changed and understand that the authorized EXCEL staff may contact the health care provider or pharmacist regarding this medication.**
- **I understand that this medication will be destroyed unless picked up by the end of the last student school day of this year (per federal DEA requirements)**

X

Signature of Parent/Guardian

Date

EXCEL Sessions **2019-20**

Student Behavior & Expectations

(To be reviewed, understood, and signed by all participants)

What you should not "bring" or "use" or "sell" at any EXCEL Alaska program:

- **Alcohol, Controlled Substances or Drug Paraphernalia.**
- **Weapons. firearms, knives, or any object that poses danger to self and others.**
- **Tobacco Products.** Our EXCEL Alaska program **does not allow** the use of **any type** of ~~taxo~~ product by **students and staff**. Our position on tobacco use is three-fold:
 - Use of tobacco is in direct opposition to EXCEL Alaska's philosophy of promoting personal wellness and healthy lifestyles.
 - Alaska State Statutes states that it is "illegal to sell, give, trade, or exchange any products (including vending machines) containing tobacco to any person under 19 years of age". If students do currently use tobacco products, we strongly encourage them to discontinue their use immediately.
 - We understand that many students have and/or currently use tobacco products and are aware of the side affects associated withdrawal. Hard candy and gum will be provided to help curb any cravings.

Consequences for use or possession or sale of alcohol, controlled substances, paraphernalia, weapons or tobacco products: A student found using or selling or in the possession of alcohol, controlled substances, tobacco products or weapons of any type, while attending EXCEL Alaska activities, will face immediate disciplinary actions, which may include immediate expulsion from the program, as well as possible legal action taken.

PROGRAM RULES

1. Between 10-11:00 p.m. (or as determined by staff) curfew -lights out, quiet, in bed.
2. After lights out you are not to leave your own floor until breakfast time.
3. Always travel in pairs (or larger groups) unless specifically given instruction and permission to do otherwise.
4. Always inform a staff member of your whereabouts.
5. Disrespecting students, staff or the facilities will not be allowed.
6. No body piercing, hair dyeing, or tattoos while at EXCEL Alaska activities – How you come to EXCEL Alaska Sessions and Camps is how you leave EXCEL Alaska Sessions Camps!
7. No PDA's (public displays of affection)

I have read and understand these expectations and agree to abide by them during my stay with EXCEL Alaska. **I also understand willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my respective school district, parent or guardian's expense.** I also understand I may be subject to further discipline as outlined under my district's Student Decorum Code.

_____	X _____	_____
<i>Student Printed Name</i>	<i>Student Signature</i>	<i>Date</i>
_____	X _____	_____
<i>Parent Printed Name</i>	<i>Parent Signature</i>	<i>Date</i>
_____	X _____	_____
<i>School Principal Printed Name</i>	<i>School Principal Signature</i>	<i>Date</i>

EXCEL Sessions **2019-20**

Packing List -- Things to bring

- ☐ **Full Winter Gear for travel** between October and May
Full gear means heavy jacket and snow pants or snow suit, hat, heavy gloves, winter boots
- ☐ **Casual clothes**, enough for your stay
Jeans/other long pants, t-shirts, long sleeved shirts, sweatshirts, socks, underwear & sleepwear
- ☐ **Athletic clothes**
Gym shoes, workout pants / shorts / top.
- ☐ **Personal Hygiene Items**
Soap, deodorant, shampoo, toothbrush/paste, comb, etc.
- ☐ **Money for personal spending**
(Please, no more than a 100 dollars -- Give to EXCEL Staff to put in safe, EXCEL can not replace missing \$)
- ☐ **Your sense of Adventure and Desire to Learn...**
- ☐ **Swim wear**
Visits to the swimming pool is a common occurrence
- ☐ **Professional Clothes**
Nicer clothes (non t-shirts, no printing on shirts). Pants not worn or faded or torn.
Professional / Nice. (**Only 9-12 Sessions**)

Other Things to Note

Electronics and headphones are acceptable as designated by the instructors. Cell phones may not be used during class or group activities.

Cell phones / electronics may be checked in with the EXCEL Alaska Staff during the school day and may be checked out during appropriate times.

Keep This Page