ist name	Middle InitialLas	
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st Method	for contact [please select one option only]:	
	Email	
	Phone	
	No preference	

[See Next Page]

Please read the statements below and put an initial next to them to indicate that you understand the commitments involved in this Summit. If your child is accepted, we will ask you and your child to complete an additional letter of commitment with more details.

By submitting this application, I understa	nd that if my child receives an invitation to this Summit, my child
Stay in the designated hotel while par	Summit from 8/9/2020 to 8/12/2020.  rticipating in NAF Leadership Development Summit, with ender, under the supervision of the school district
understand that whether or not I can pay acceptance as an attendee to this summi am accepted and unable to pay the regis	ation fee presents a barrier for me to attend the Summit. I by the registration fee has NO negative impact on my it. NAF is considering all applicants equally. Furthermore, if I stration fee, all I need to do is notify NAF and the fee waiver to eliminate financial barriers to participating in this event.
	ctations about the NAF Leadership Development m that I have reviewed all available information about
Print Parent/Guardian Name	
Print Student First and Last Name	
Signature	Date