Correspondence Program

Statement of Assurance

Return to:

Correspondence Program Manager

Alaska Department of Education and Early Development

801 West 10th Street, Suite 200
P.O. Box 110500
Juneau, Alaska 99811-0500

A Correspondence Study Program Statement of Assurance must be signed and submitted to the Department of Education & Early Development in order to operate within the State of Alaska, as required by [4 ACC 33.420.](http://www.touchngo.com/lglcntr/akstats/aac/title04/chapter033/section420.htm)

By signing this document, the school district files its assurance to operate a correspondence study program and to comply with regulations [4 AAC 33.405](http://www.touchngo.com/lglcntr/akstats/aac/title04/chapter033/section405.htm) – [4AAC 33.440](http://www.touchngo.com/lglcntr/akstats/aac/title04/chapter033/section440.htm), and any other applicable state and federal regulations and statutes.

Except as provided in [4 AAC 33.460(c),](http://www.touchngo.com/lglcntr/akstats/aac/title04/chapter033/section460.htm) after the receipt of this signed statement, the department will review for approval a school district’s intent to operate a correspondence program. Once approved, the district does not have to submit a new statement of assurance each year, except that a district must submit a new statement before implementing any change in the program.

This Assurance is a binding agreement between the district and the Department.  The district understands its obligation to comply with all state statutes and regulations that apply to correspondence study programs, and confirms that it will comply with these laws.

Name of the School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Correspondence Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Program:

Statewide program [ ]  District wide program [ ]

Grades Addressed by the Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

Department Use Only

Date of Approval:

Department approval by:

Note: This Statement of Assurance applies from the date of approval to the date of withdrawal, superseded or revocation by the State of Alaska.