



<b>Administrative Use Only</b>
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**Tulen Charter School  
Kahtnuht'ana Duhdeldiht Campus  
12271 Kenai Spur Highway, Kenai 99611  
(907) 335-2829**

**2026-2027 Pre-Enrollment Form**

**Tulen Charter School** is a public school within the Kenai Peninsula Borough School District. The charter's purpose is to advance a quality education for children and youth that is grounded in Indigenous culture, language, and values. Due to space restrictions, enrollment in Tulen Charter School is limited. If more applications are received than available seats, the enrollment priority and lottery processes described in the charter will be implemented. If you have any questions, please contact Tulen's secretary, Krissy Mahan at (907) 335-2829.

Pre-enrollment forms are due by **Friday, January 30<sup>th</sup>**.

Please complete **one** form for **each** student that you wish to enroll.

**If you have a child entering kindergarten, he/she must be 5 yrs. old on or before September 1<sup>st</sup>.**

Please drop off applications at Tulen Charter School or email to [kmahan@kpbsd.org](mailto:kmahan@kpbsd.org).

Student's Last Name	First Name	Middle Name		
Student's Gender (M/F)	Date of Birth	Entering Grade (K-4)		
Mailing Address	City	State	Zip Code	Home Phone
Physical Address	City	State	Zip Code	Home Phone
Mother's Name	Work Phone	Cell Phone	Email Address	
Father's Name	Work Phone	Cell Phone	Email Address	
Legal Guardian's Name	Work Phone	Cell Phone	Email Address	

Last school or pre-K/school readiness/childcare program attended: \_\_\_\_\_

Please indicate if your child has been enrolled in any of the following programs:

- ☐ Kenaitze's Head Start or Early Head Start  
☐ Kenaitze's Yaghanen K-12 afterschool program

Please continue to the next page to complete the form.

Please indicate if any of the following applies to your student:

- ☐ Sibling of a current Tulen Charter School student
- ☐ Child of a Tulen Charter School employee (the employee must be employed by KPBSD)
- ☐ Child of a current Academic Policy Committee member for Tulen Charter School

Is your student the child and/or grandchild of an Academic Policy Committee approved language/culture expert/volunteer?

- ☐ Yes
- ☐ No

If you selected yes, please identify the language/culture expert/volunteer: \_\_\_\_\_

Please share why you are interested in having your student attend Tulen Charter School:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_