



STARBASE Use Only
School Year 20____-20____
Academy # _____

School Application Form

School Information

School's Name _____ Unified School District No. _____

Principal's Name _____ Title I School Yes No

School Address _____

City _____ Zip Code _____

School Telephone No. _____ School Fax No. _____

Names of Teachers Attending _____

Primary Teacher's E-mail Address _____

Primary Teacher's Home Phone No. _____ Primary Teacher's Cell Phone No. _____

Academy Information

Rank Desired Time to Attend STARBASE _____ Fall _____ Winter _____ Spring _____ Anytime _____

Time attending STARBASE: 9:00 a.m. to 2:00 p.m. 9:15 a.m. to 2:15 p.m. 9:30 a.m. to 2:30 p.m.

Grade Level _____ Anticipated number of students attending _____

School Starting Date _____ School Ending Date _____

Any Handicapped Student Needs:

Other information the STARBASE site staff might need to know: