

STARBASE[®]

SCHOOL APPLICATION

Please complete the information below and return to STARBASE, Attn: Applications, P.O. Box 450082, Selfridge ANGB, MI 48045-0082.

Grade Level: _____ Teacher Name: _____

School: _____ School District: _____

School Street Number: _____

City, State: _____ Zip: _____

School Phone Number: (____) _____ School Fax Number: (____) _____

Principal: _____ Total Number of Students: _____

DEMOGRAPHICS

Racial/Ethnic Status

(This area must equal the total number of students you would like to enroll in STARBASE. Do not place a student into more than one category for each heading. You may approximate if necessary.)

African American: _____ American Indian: _____ Asian: _____

Caucasian: _____ Hispanic: _____ Multiracial: _____ Other: _____

Gender

(This area must equal the total number of students you would like to enroll in STARBASE.)

Male: _____ Female: _____

Under-represented

(This area should not exceed the total number of students you would like to enroll. Do not place a student into more than one category for each heading.)

Inner-City or Rural Area: _____ Physically Challenged: _____

Free/Reduced Lunch: _____ English as 2nd Language: _____

Learning Disabilities: _____ Other (describe): _____

Mentally Challenged: _____