



For STARBASE Use Only
Date Received

STARBASE AUSTIN SCHOOL APPLICATION 2016-2017

Date: _____

School Name: _____ School District: _____

STARBASE Academy Dates: _____

Grade: _____ Number of Students: _____/32

Chapter/Title I School : Yes _____ No _____

Principal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Academy Coordinator Name/Title (School employee):

Work Phone: (_____) _____ Mobile Phone: (_____) _____

E-Mail: _____

Of Students with special needs: _____ How: _____

Aide(s) who will attend with students needing assistance: _____

Student Arrival Time 9:00AM / Departure Time 2:00PM
(5 hours per day on site is required for program participation)

Dates/Times Approved by: _____

Principal's Signature

Please return completed form to: forms@STARBASEAustin.org