

CLASS LIST FOR STARBASE VERMONT

Class Dates _____ Teacher(s) _____

School _____ District _____

Address _____ City _____ State _____ Zip Code _____

Telephone # _____ FAX # _____ Email Address _____

Planned Arrival at STARBASE ____:____AM

Planned Departure from STARBASE ____:____PM

Day Four is at your school. Please provide us with the times the students normally do the following to assist STARBASE with scheduling.

Snack Time ____:____ to ____:____ Lunch Time ____:____ to ____:____ Recess Time ____:____ to ____:____

Severe Allergies _____

Please write full names of teachers, aides & volunteers below.

ADULT NAMES	M/F	CALL SIGN	OTHER INFORMATION i.e: Teacher, Aid, Parent, etc.
1.			
2.			
3.			
4			
5.			
6.			
7.			
8.			

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Please alphabetize all students and note any students to be separated from one another, any students who may need extra assistance, and SIX students who will help motivate a group to stay on track.

STUDENT NAMES	M/F	CALL SIGN	Grade in School	OTHER INFORMATION i.e: Separate, Needs Assistance, Motivator, etc.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

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STUDENT NAMES	M/F	CALL SIGN	Grade in School	OTHER INFORMATION i.e: Separate, Needs Assistance, Motivator, etc.
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				

Notes: