



Priority Deadline: **April 1, 2022**

## STARBASE MANHATTAN SCHOOL APPLICATION **2022-2023**

### School Information

School Name: \_\_\_\_\_ USD No. \_\_\_\_\_

Principals Name: \_\_\_\_\_ Title I School: YES NO

School Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

School Phone No: \_\_\_\_\_ School FAX No: \_\_\_\_\_

Names of Teachers Attending: \_\_\_\_\_

Primary Teachers Email Address: \_\_\_\_\_

Primary Teachers Phone No: \_\_\_\_\_

Has your school ever attended STARBASE previously? YES NO If yes when? \_\_\_\_\_

### Academy Information

Rank preferred time to attend STARBASE (1-3): \_\_\_ FALL (Aug-Nov) \_\_\_ WINTER (Dec-Feb) \_\_\_ SPRING (Mar-May) \_\_\_ ANY

Check preferred time attending: 9:00AM-2:00PM 9:15AM-2:15PM 9:30AM-2:30PM

Grade Level: \_\_\_\_\_ Anticipated Number of Students Attending: \_\_\_\_\_

First Day of School: \_\_\_\_\_ Last Day of School: \_\_\_\_\_

School Starting Time: \_\_\_\_\_ School Ending Time: \_\_\_\_\_

Any Handicapped Student Needs Known: \_\_\_\_\_

Other information STARBASE might need to know (any late starts, early release, PT Conferences dates etc.)

Please e-mail the completed form to: [StarbaseManhattan@KansasStarbase.org](mailto:StarbaseManhattan@KansasStarbase.org)

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date