

**TECH MISSION APPLICATION  
HOME SCHOOL PARTICIPANTS  
SCHOOL YEAR: 2019-2020**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(One per form)

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's E-Mail: \_\_\_\_\_

1. How will you plan for your child to attend the full 5 hours of instruction for all three days of the TECH Mission?

2. What interests you about involving your child in the TECH Mission?

3. Please check the box beside the other AFRL NM STEM Outreach missions listed that your child has previously participated in.

*Mission to Mars DoD*

*DoD STARBASE New Mexico*

4. How do you plan to tie the TECH Mission into your curriculum?

5. Would you be available to stay and help the instructor on one of the days?