

**DoD STARBASE NEW MEXICO 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 five days of the DoD STARBASE New Mexico?
2. What interests you about involving your child in DoD STARBASE New Mexico?
3. How do you plan to tie DoD STARBASE New Mexico into your curriculum?
4. Would you be available to stay and help the instructor on one of the days?