

STARBASE Minnesota Class List

School Name: _____ **Classroom Teacher Name:** _____

Dates Attending STARBASE: _____

Student ID	First Name	Last Name	Call Sign	*Ethnicity	Gender (M or F)	Free/Red. Lunch (Y/N)	Receives ELL/LA Services (ELL/LA/No)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							

*** Ethnicity – Please use the following to indicate a student’s ethnicity:**
 Amer. Indian (I) Hispanic American (H) African American (Af) Asian American (AS) Caucasian (C) Multi Racial (MR) Other (O)

See Memo of Understanding from district on pages 21 & 22 for permission to release information.

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Student ID	First Name	Last Name	Call Sign	*Ethnicity	Gender (M or F)	Free/Red. Lunch (Y/N)	Receives ELL/LA Services (ELL/LA/No)
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							
34.							

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