

# Information for Parents about STARBASE Minnesota

**FORM A**

Also Available on Website

**Dates of Participation in the five-day STARBASE program:** \_\_\_\_\_

**Hours at STARBASE:** \_\_\_\_\_

**STARBASE Location:** *Temporary Address -*  
6400 Bloomington Road, St. Paul, MN 55111



**STARBASE Minnesota** is a 501(c)3 nonprofit organization whose primary purpose is to increase the knowledge, skills, and interest of inner city youth in science, mathematics, technology and engineering for greater academic and lifelong success. STARBASE is a program funded in large part by the Department of Defense and sponsored by the Minnesota National Guard. Located on the Minnesota Air National Guard 133rd Airlift Wing, STARBASE serves over 3,300 students each year grades 4 & 5, from over 30 inner city schools in Minneapolis and St. Paul. The Minnesota National Guard provides STARBASE classroom space, access to aviation resources, expertise and support. Throughout their week at STARBASE Minnesota, students have the opportunity to interact with Guard volunteers as they tour airplanes and other base facilities and as they listen to the volunteers from the Guard who serve as guest speakers at graduation. *\*We are currently going through a renovation process to the actual STARBASE Minnesota building. For the time being, STARBASE is located in a different location but still provides the same exciting, hands-on curriculum.*

STARBASE Minnesota's hands-on curriculum, aerospace resources and dynamic instructors create a powerful combination that brings out the best in students. Science and math are transformed from abstract, isolated subjects to concepts that are interdependent and relevant in today's scientific and technological world. Students discover solutions to real scientific problems and experience math and technology as essential tools in the process. STARBASE Minnesota programs are free to schools. Schools pay for transportation costs and provide student lunches.

## Would you like to be a parent chaperone?

If you would like to be a parent chaperone, please provide us with your information below. The classroom teacher will contact you about volunteering at STARBASE.

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_

**Days Available:** \_\_\_\_\_

## STARS 1 Program

### What students do

- Construct, fly and conduct experiments with gliders.
- Build, launch and conduct experiments with rockets.
- Use a wind tunnel to explore the effects of drag.
- See "real world" applications of science and technology when they tour various aircrafts.
- Tour the MN Air Guard Museum to learn about the development of aviation and technology.
- Explore careers.
- Experiment with properties of air, motion and forces of flight.
- Extend the experience at home with engaging homework and extension activities.

### What students learn

- Math: median, mode, measuring, estimating, create graphs and charts.
- Science: properties of air, states of matter, and motion.
- Science and Inquiry: ask a question, make a hypothesis, do an experiment, make an observation, collect data, analyze your data, change a variable, and make a conclusion.
- Aerospace: airplane parts, forces of flight, and comparing airplanes and rockets.
- Ask questions, solve problems, work in teams.
- How to communicate what they learn; how to take their learning to the next level.



# STARBASE Minnesota Permission Slip 2011

Note to Classroom Teacher - Please complete section below.

**Classroom Teacher Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**School/Organization Name:** \_\_\_\_\_

**Dates your class will be attending STARBASE Minnesota:** \_\_\_\_\_

## Student Information - Parent/Guardian, please fill out the section below.

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Is this home or work email?** \_\_\_\_\_

**Demographic Information:** The completion of the following is optional. This information is reported in summary form only.

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Male   |
| <input type="checkbox"/> Asian-American   | <input type="checkbox"/> Female |
| <input type="checkbox"/> Caucasian        |                                 |
| <input type="checkbox"/> Latino/Hispanic  |                                 |
| <input type="checkbox"/> Native American  |                                 |
| <input type="checkbox"/> Multi-Racial     |                                 |
| <input type="checkbox"/> Other            |                                 |

**Emergency Contact Name:** Who should we contact in case of an emergency if parent/guardian can't be reached?

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Health Problems:** Please list any health problems we should be aware of and any precautions that should be taken. \_\_\_\_\_  
\_\_\_\_\_

**Emergency Instructions:** Please provide any specific instructions for us to follow in case of illness or accident. \_\_\_\_\_  
\_\_\_\_\_

- |  |   |
|--|---|
| Does your child receive free or reduced lunch from school? | Does your child receive ELL ( <i>English Language Learner</i> ) services from school? |
| <input type="checkbox"/> Yes                               | <input type="checkbox"/> Yes  |
| <input type="checkbox"/> No                                | <input type="checkbox"/> No   |

I hereby grant permission for the aforementioned minor to participate in the STARBASE program listed above. I understand that participation is voluntary. I also understand that STARBASE Minnesota, Inc. reserves the right to terminate participation in the program when it is deemed to be in the best interest of either the participant or the program. I also acknowledge that photographs and video may be used from time-to-time to document and promote STARBASE Minnesota activities and hereby consent to the use of my child's image for these purposes unless otherwise indicated below. I take full responsibility for any damage that might occur to government or STARBASE property caused by my child. I further agree not to hold the United States Government, the State of Minnesota, the Minnesota National Guard, its officers, employees and agents, STARBASE Minnesota staff or volunteers supporting the program, liable for any reason as a result of participation in this program.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_