

Class Dates:	Teacher(s)	School/District	
Address	City	State	_Zip Code
Telephone #	_FAX #	Email Address	

\*Please list students in 6 groups of 3-5 students (4 preferred). Smaller classes do not need to use all 6 groups. \*Leave a blank line between each group. \*Please write full names of teachers, aides & volunteers at the end of the list.

		****CALL SIGN (to be completed on student	Day	Day	Day	Day	Day
NAME	M/F	agreement form)	1	2	3	4	5



A Department of Defense Youth Program FY15								
Teacher								
Other								
Other								
		D 11.0% @ 605.727.6002						

If you have any questions, please contact STARBASE Sioux Falls @ 605.367.4930 or Rapid City @ 605.737.6083

STARBASE Sioux Falls Class Roster/Attendance Roster

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