

# STAR Application

Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Emergency Information:

Home phone _____	Emergency contact _____
	Emergency phone # _____

*Parents and students:*

**Students taking Action Responsibly** is a program designed to sustain the caring community of Sinaloa by creating a safe, respectful and inclusive environment. Students are trained to support their classmates, diffuse bullying situations, and be part of the caring community of Sinaloa. Students will attend a one day training led by Ms. Moreno and Ms. Golden on January 21, 2008 from 8:00-noon.

*Students:*

Briefly explain why you would like to be involved in the STAR program.

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I will be able to attend the training on Monday, January 21, 2008 from 8:00 to noon.

**Student signature** \_\_\_\_\_

**Parent Permission:** My son/daughter has permission to participate in this program;

Parent signature \_\_\_\_\_ date \_\_\_\_\_