

**Texas ACE
21st Century Community Learning Center
Participant Registration Form – 2019-2020**

******PLEASE PRINT******

I attended this ACE Program last year Yes No

Campus: _____

Participant Last Name	Participant First Name	Middle Initial	Participant Home Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Age Gender (M or F)

SSN # or Student ID #

Birth Date / /

Ethnicity/Race: (Two Part Question, Please Complete Both Sections)

Ethnicity (Choose one)	<input type="checkbox"/> Hispanic/Latino or <input type="checkbox"/> Not
Race (Choose one or more, regardless of ethnicity):	
<input type="checkbox"/> American Indian/Alaska Native (1)	<input type="checkbox"/> Asian (2)
<input type="checkbox"/> Black/African American (3)	<input type="checkbox"/> White (4)
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (5)	

Day School Attending in September XXXX Grade in Sept. XXXX

<input type="text"/>	<input type="text"/>
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Student receives: (check one)

<input type="checkbox"/> Free Lunch
<input type="checkbox"/> Reduced Price Lunch

Elementary School Homeroom Teacher's Name

Middle or High School Math Teacher's Name

Middle or High School English Teacher's Name

Student Primary Language

Student/participant lives with: (check one)

<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent mother	<input type="checkbox"/> Single parent father
<input type="checkbox"/> Foster care	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____

This student will: walk home be picked up take city bus take ACE transportation (not available at all sites).

If transportation is provided by program, list closest corner stop to home:

What extracurricular activities does this student participate in? _____

Is there any medical reason why my child shall not participate in certain physical activities? No Yes

If yes, explain below:

List below anything else (allergies, medications or special needs) that the staff should know about your child.

****Parent or Guardian is responsible for notifying ACE staff of any changes****

How did you hear about the Texas ACE Program? _____

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HOUSEHOLD INFORMATION PAGE

--- Fill out only ONE per family ---

Check boxes ✓ if authorized to pick-up student

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>
					<input type="checkbox"/>

Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>
					<input type="checkbox"/>

In the event of an emergency, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.

1 st Emergency Contact (Last, First)	Phone/Pager	2 nd Emergency Contact (Last, First)	Phone/Pager	<input type="checkbox"/>
1.		2.		<input type="checkbox"/>
				<input type="checkbox"/>

ADULTS AUTHORIZED TO PICK-UP STUDENTS: Use the check box ✓ to indicate which adults listed above are authorized to pick up the student(s) listed on the reverse side and/or below. To list additional adults authorized to pick up these students, use the boxes below. *If no adults are listed below, and no boxes checked, ONLY THE PARENT / GUARDIAN WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship

Parent / Guardian Permission For ACE Activities

PLEASE READ CAREFULLY

Must be signed by Parent/Guardian for student participants 18 and under

I hereby give permission for the participant(s) listed below and on the reverse side to take part in Texas ACE activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I further give my consent to the school district and Texas ACE to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that school district and / or Texas ACE will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

(Optional – Please check box for consent) I also give my consent to the Texas ACE program to take the participant's photograph during program activities, to be used for education and public relations purposes.

I hereby certify that I have read and do understand the above information:

Print Name _____

Signed _____ Date _____

List ALL children from your household attending this Texas ACE Program:

Student Last Name	First Name	Age	Grade	ACE ID