



Commerce
Independent School District

CISD ACE Registration Packet

2022 - 2023 Fall and Spring

Program Dates:

Monday through Friday on all scheduled school days for the duration of the academic calendar.

If any ACE closures occur, all notices will transpire via Parent Square in a timely manner.

Hours:

CES: 3:20 PM - 6:30 PM

ACW: 3:30 PM - 6:30 PM

CMS: 3:35 PM - 6:30 PM

CHS: 3:30 PM - 6:30 PM

CHS - also does a morning academic session when the bus releases

Fees: No cost

Meals: We provide a nutritious dinner, snack, and drink for all students attending the ACE program, on all campuses (please be sure to indicate any allergies below).

Projected Days of Attendance Each Week - Please Circle:

Monday - Tuesday - Wednesday - Thursday - Friday

This program offers

- Academic Assistance
- Homework help
- Academic Enrichment (such as hands-on science or technology programs)

- Enrichment Activities and Clubs

If you have any questions in regards to your student(s) enrollment in the CISD ACE program please contact your site coordinator:

Commerce Elementary School: Hannah Herrera

Hannah.herrera@commerceisd.org

AC Williams Elementary: Anfernee Johnson

Anfernee.johnson@commerceisd.org

Commerce Middle School: Anna Jordan

Anna.jordan@commerceisd.org

Commerce High School: Garon Burgin

Garon.burgin@commerceisd.org

Participant Information

Student Name: _____

Street Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Current Age: _____ Current Grade: _____

Current Campus: _____

PARENT\GUARDIAN INFORMATION:

Parent\guardian(s) below will be authorized for student pick up.

Parent\Guardian Name: _____

Cell phone: _____ Work phone: _____

Email Address: _____

Parent\Guardian Name: _____

Cell phone: _____ Work phone: _____

Email Address: _____

Permission for District Digital Media (Photographs/Video): Please *circle* **Yes** or **No**

EMERGENCY CONTACT INFORMATION

In the event of an emergency, parents\guardians will be notified first. However, if unavailable please list two other adults who can be contacted.

Emergency Contact Name: _____

Phone Number: _____ Relationship to ACE Student: _____

Emergency Contact Name: _____

Phone Number: _____

Relationship to ACE Student: _____

MEDICAL INFORMATION

Is there any medical reason your child should not participate in some physical activities?
If you answered yes to the above question, please explain further:

Yes____ No____

List below any allergies, medical conditions, medications, or special needs that the staff should know about your child.

Do you give permission for your child to be treated by a doctor and/or hospital in the event of an emergency?

Yes ____ No ____

AUTHORIZED PICK UP

If there are any additional adults that are authorized to pick up students who are not the student's parent/guardian, indicate below.

Name: _____ Phone Number: _____

Relationship to student: _____

Name: _____ Phone Number: _____

Relationship to student: _____

Name: _____ Phone Number: _____

Relationship to student: _____

TRANSPORTATION NEEDS

Students at CES or ACW using the ACE bus must have a parent present at the house to drop them off from the bus. If a parent is not at the house to receive the student they will be brought back to stay with a site coordinator. In the event that this happens a parent must pick-up their student from his/her registered ACE campus.

You are able to pick more than one option as a student's mode of transportation. Please indicate below which one will be the students main mode of transportation and which one will be the secondary mode. If your student is riding the ACE bus they must ride a minimum of two times a week. We are understanding that sometimes students will have reasons to miss, please express this with your site coordinator so they can let transportation know.

Student will use this mode of transportation: (Circle the following that apply)

Walk Home: _____ Be Picked Up: _____ ACE Bus: _____

COMMERCE INDEPENDENT SCHOOL DISTRICT
Authorization to Release Education Records and Information

My name is _____, I am the parent or guardian of Commerce Independent School District (Commerce ISD) Student, _____. I am at least eighteen years of age. I authorize the Commerce ISD and its employees, representatives, and agents to release and disclose personally identifiable information and/or education records regarding my child to the ACE program. I authorize the release of any and all info maintained by the Commerce ISD related to grades, performance on local and state assessments, attendance, discipline, student programs, student services, scheduling and activities.

This authorization is limited to release of the information described above and is valid only until July 31, 2022. I release and discharge the Commerce ISD, its trustees, administrators, employees, agents, volunteers and assigns, both in their official and individual capacities, from any and all claims or causes of action arising out of or in any way related to releasing the above- referenced information and records.

I acknowledge that I have been informed and understand that this voluntary authorization is required by the Family Education Rights and Privacy Act (FERPA) before educational records or information can be released, and that this authorization may be revoked by me at any time. I agree to provide any revocation in writing to the Superintendent of Schools. I do not want to be notified of each release of information or

records made pursuant to this authorization; however, I acknowledge that I am entitled to receive such notification.

Signature of Student Parent or Guardian

Date

Printed Name of Student Parent or Guardian

Please let us know what subjects and/or content areas that are difficult for your child. ACE will focus on assisting academic achievement for all students, even individualizing clubs and activities to best support the student and family:

Content Areas w/ Needed Assistance: _____