Texas ACE - MATHIS ISD
21st Century Community Learning Center
Participant Registration Form – 2020-2021



Mathis Campus: _____

Participant Last Name | Participant First Name | Middle Initial | Participant Home Phone #

Home Street Address | City | State | Zip

Age | Gender (M or F)

Student ID #

Birth Date ___/___/___

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

Ethnicity (Choose one) ❑Hispanic/Latino or ❑ Other

Race (Choose one or more, regardless of ethnicity):

❑ American Indian/Alaska Native (1) ❑ Asian (2)

❑ Black/African American (3) ❑ White (4)

❑ Native Hawaiian/Other Pacific Islander (5)

Day School Attending in August 2020 | Current Grade Level

Elementary School Homeroom Teacher's Name

Middle or High School Math Teacher's Name | Student Primary Language

Middle or High School English Teacher's Name

Student/participant lives with: (check one)

❑ Both parents ❑ Single parent mother ❑ Single parent father

❑ Foster care ❑ Guardian ❑ Other

This student will: ❑ walk home ❑ be picked up ❑ take ACE transportation (Mathis ISD School Bus).

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

Check boxes ✓ if authorized to pick-up student

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship	
					☐

Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship	
					☐

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

Emergency Contact 1 Last Name	First Name	Home Phone	Work Phone	Relationship	
					☐

Emergency Contact 2 Last Name	First Name	Home Phone	Work Phone	Relationship	
					☐

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	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	CAMPUS