

Commerce ISD Parents,

Thank you for enrolling your child in 2024-2025 ACE. Commerce ISD is fortunate to have the ACE Grant for another five year cycle. However, MyTexasACE implemented positive changes to the entire program to best meet the academic needs of each and every student:

- **August 10-11 are car rider ACE days - Bus drop offs for ACE begin August 14th**
- Elementary School ACE is now 120 minutes = 1 Day of Attendance
- Middle School ACE is now 90 minutes = 1 Day of Attendance
- ACW and CMS ACE Programs will use High Impact Tutoring
- School Day Alignment on TEKS and Lessons
- Three-Day Minimum Attendance per Week
- One family engagement event per month per center/campus
- Adult GED/ESL evening classes
- Students need 60 days of ACE

Please do not pick up students before the 120 minute (elementary) or 90 minute (middle school) time periods, as students will be working on high impact tutoring, academic power hour, and enrichment activities that correspond to school day learning. Preparations for a more academic-driven ACE Program transpired all summer, so Commerce ISD is excited to open enrollment to your family. Please use your phone's camera to view the coordinators' school year message via the QR Code at the bottom.

Commerce ISD CES ACE Coordinator: Hannah Herrera
hannah.herrera@commerceisd.org

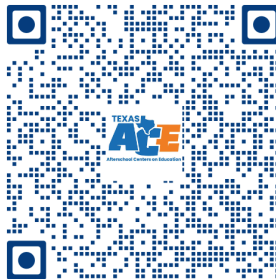
Commerce ISD ACW Coordinator: Christie Henry
Christie.Henry@commerceisd.org

Commerce ISD Middle School ACE Coordinator: Anfernee Johnson
anfernee.johnson@commerceisd.org

ACE Project Director: Jeremy Williams
jwilliams@bolesonline.com

ACE FES/PS: Whitney Threatt
wthreatt@bolesonline.com

QR Code Goes HERE



Please complete this Membership Application as completely as possible. All information requested is important. This data helps us meet our local, state and federal reporting requirements. ALL INFORMATION IS STRICTLY CONFIDENTIAL. Thank you!



2024-2025 Enrollment Form

Please complete this form as completely as possible. All information requested is important. This data helps us meet our local, state, and federal reporting requirements. All INFORMATION IS STRICTLY CONFIDENTIAL. Thank you!

ACE OFFICE USE ONLY	
Student ID # _____	Student UID # _____
ACE Center: _____	ACE Bus # _____
Date Enrolled: ___ / ___ / ___	
Court Order: _____	Consent-Photo: _____

Important Information:

- **August 10-11 are car rider ACE days. Bus drop offs for ACE begin August 14th**
- Your student is required to attend the ACE program 3 or more days per week.
- Attendance for Middle School is 90 minutes and Elementary is 120 minutes.
- Per grant requirements, students are required to attend no fewer than 60 days per school year.
- Parents will be required to attend 2 Family Engagement Events per semester.

Student's Last Name	Student's First Name	Home Phone #
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Home Street Address	City	State	Zip Code
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2024-2025 Grade Level:	
Birthdate:	
Age:	
Gender:	
Student's Primary Language:	

Student lives with (please check one):	
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Care



<input type="checkbox"/> Guardian	<input type="checkbox"/> Other:
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EXTRA MEMBER INFORMATION

Student's Participation Schedule (<u>Check days that student will be attending ACE</u>) Parent/Guardian is responsible to notify ACE staff of any changes.				
Monday 3:15 - 6:15 p.m. High Impact Tutoring & Clubs	Tuesday 3:15 - 6:15 p.m. High Impact Tutoring & Clubs	Wednesday 3:15 - 6:15 p.m. High Impact Tutoring & Clubs	Thursday 3:15 - 6:15 p.m. High Impact Tutoring & Clubs	Friday 3:15 - 6:15 p.m. High Impact Tutoring & Clubs

Court order on file at ISD. (Commerce ISD If yes, please provide a copy to ACE.) Yes No

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

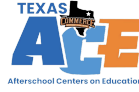
If yes, explain below:

List below any other important or necessary information that the ACE staff should know about your child:

i.e... medications, allergies, or special/physical needs

Extracurricular Activities Member Participate In: _____

How did you hear about the ACE Program? _____



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.

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: (Check a box)

- Walk Home

- Be Picked Up

- ACE Bus



AUTHORIZED PICK UP INFORMATION

List additional adults authorized to pick up the student, please indicate below. If no adults are listed below, ONLY THE PARENT/GUARDIAN & EMERGENCY CONTACT will be able to pick up the student(s).

First & Last Name: _____ **Phone Number:** _____

Relationship to Member: _____

First & Last Name: _____ **Phone Number:** _____

Relationship to Member: _____

First & Last Name: _____ **Phone Number:** _____

Relationship to Member: _____

List individuals below that have permission to be contacted in the event of an emergency and can sign out your student:

Last Name, First Name	Relationship	Home Phone	Work Phone
	Mother/Guardian		
Address:			
Email:			
	Father/Guardian		
Address:			
Email:			



Parental/Guardian Consent

- I hereby give permission for the participant listed below 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.

- (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.

- Commerce ISD Consent for Disclosure of Confidential Information

List ALL Children from your household attending this Texas ACE program:

Member Name: _____ **Age:** _____ **Grade:** _____

Member Name: _____ **Age:** _____ **Grade:** _____

Member Name: _____ **Age:** _____ **Grade:** _____

Member Name: _____ **Age:** _____ **Grade:** _____

Member Name: _____ **Age:** _____ **Grade:** _____

Parent/Student Handbook: Please indicate your preference in receiving a copy of the Handbook.

- Electronic

- Paper

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

Print Student's Name _____

Print Parent's Name _____



Signature: _____ Date: ___/___/___

Member's First Name: _____ **Member's Last Name:**

**Texas ACE Parent Agreement
(Please read and initial each paragraph)**

____ I hereby apply for my child or legal dependent to enroll in Texas ACE programs. I understand that participation in any program or activity may entail certain risks. It is my responsibility to report any physical or emotional problems experienced during or after the programs or activities immediately to ACE staff. I also understand the potential risks that may be associated with some programs and activities. I hereby consent to and accept those risks.

____ I further agree to hold harmless ACE and its staff members conducting programs and activities from any and all claims, suits, losses, or related injury or death, accidental or otherwise, during or arising in any way from these programs and activities.

____ I have received and agree to abide by volunteers of the ACE with staff participation. All volunteers and staff of ACE are required to report suspicions or allegations of child or elderly abuse or neglect. I understand that my child is joining the Texas ACE, NOT A DAY CARE CENTER, and that ACE is not responsible for the time/manner in which my child may arrive at or leave ACE.

____ I understand that surveys will be done on a random basis and all information provided is confidential. I give my child permission to participate in these surveys. Survey results may be used to modify or enhance future program offerings.

____ I understand that for grant purposes, internal review of programs, PR, etc., ACE might need access to educational information of my child including, but not limited to, performance reports and report cards. I authorized ACE to obtain such information from my child's school.

Emergency Treatment/Insurance:

____ I hereby give permission that my child may be given emergency treatment by a staff member of ACE.

____ I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment, and procedures to be performed for my child by a licensed physician or hospital selected by the Site Coordinator when deemed immediately necessary or advisable by the physician to safeguard my child's health.

____ Insurance is the responsibility of every individual, their parent, or legal guardian to provide for their own accident and health coverage while participating in the ACE activities. The ACE does not provide any accidental or health coverage for its participants.

Field trip/Transportation Information:

____ I give permission for my child to participate in ACE activities including transportation. I understand that accidents can sometimes happen. therefore, in exchange for the ACE allowing my child to participate in ACE activities, I understand and expressly acknowledge that release ACE, its employees, boards, members, volunteers, or guests from all liability for any injury, loss, or damage connected in any way whatsoever to participation in ACE activities whether on or off ACE premises and including transportation. I understand that this release includes any claims based on negligence, action, or inaction of ACE, its employees, boards, volunteers, and guests.

____ I give permission for my child to participate in any ACE swimming field trips or activities.

Publicity Release:

____ As the parent or legal guardian, by my signature, I give permission to ACE to use photographs, quotes, and any other publicity actions of the person entrusted to my care for promotional purposes on a local and mass media basis.

Internet Access:

____ I give permission for my child to access the internet in the Club. I have received a copy of the handbook which included the Acceptable Use Policy for Technology.

Late Pick Up Policy:

____ Members must be picked up no later than closing times stated for each Club. This rule is strictly enforced. Late Pick up is documented and if it is a recurring problem, your child may be removed from the program. If a member has not been picked up one hour after closing, the police will be called and the member will be taken to a safe place.

Receipt and Acceptance of Parent Handbook:



____ I acknowledge that I have received a copy of the ACE parent Handbook and I understand that I am responsible for reading the policy and practices described within. I agree to abide by the policy and procedures contained herein. I understand that the policies contained in the ACE parent Handbook may be added to, deleted, or revised by the ACE at any time. If I have any questions regarding the content or interpretation of the handbook, I will bring this to the attention of the Club Director.

____ In particular, both my child and I have read, understand, and will abide by the terms and conditions of the Acceptable Use Policy for Technology. Prior to my child's use of the Computer Lab, my child will receive orientation on this policy as well as internet safety and must sign a contract agreeing to ACE terms.

Member Signature: _____ **Date:** _____

Parent or Legal Guardian signature Representative of Texas ACE:

COMMERCE INDEPENDENT SCHOOL DISTRICT
Authorization to Release Education Records and Information

My name is _____. I am the parent or legal guardian of a Commerce Independent School District (Commerce ISD) student, _____. I am at least eighteen (18) 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 Texas ACE. I authorize the release of any and all personally identifiable information regarding my child maintained by the Commerce ISD related to grades, performance on local and state assessments, attendance, discipline, student services, scheduling and activities.

This authorization is limited to release of the information described above and is valid only until July 31, 2024. I release and discharge the Commerce ISD, its trustees, administrators, employees, agents, n volunteers, and assigns, both in their 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: _____ **Date:** _____