**MATHIS ISD**
**Texas ACE 21st Century**
**Student Registration Form – 2024-2025**

**Mathis Campus:** _____

Student Last Name | Student First Name | Middle Initial | Phone #

Home Street Address | City | State | Zip

TX

Current Grade Level | Age | Gender (M or F)

Birth Date ____/____/____

Student/participant lives with: (check one)

❑ Both parents ❑ Single parent ❑ Other

❑ Foster care ❑ Guardian

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)

**ADULTS AUTHORIZED TO PICK-UP STUDENTS:**

Parent/Guardian Name | Phone Number | Relationship

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

Emergency Contact Name | Phone Number | Relationship

## *PLEASE READ CAREFULLY*

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

Print Name _____

Signed _____ Date _____

**This student will: ❑ walk home ❑ be picked up ❑ take ACE transportation.**

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

***If yes, explain below. Please include 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**

**Submit Form**