



PACE CENTER
2314 Old Alvin Rd, Pearland, TX 77581
(281) 412-1599



ACKNOWLEDGEMENT AND SIGNATURES

I understand that the ACE program is intended for students who are at-risk or need an alternative school setting. I understand that this school is only for those students having a strong desire and commitment to further their education and complete their requirements for graduation. I have carefully reviewed and understand ACE's application form and expectations. I want to be considered for enrollment at ACE and will perform with a positive attitude, be a responsible student, maintain good attendance, be punctual to school, and achieve to the best of my ability each day. I also understand that my academic progress, attendance, and discipline information will be monitored and my continued participation in the ACE program is contingent upon my continued compliance. If my privileges are revoked, I will either be placed in DAEP or returned to my home campus to complete my graduation plan.

Recommendations from a Pearland ISD home campus is required for all candidates. You must see your home campus counselor or administrator for recommendation to ACE. The ACE administration will not consider your application without the information requested from your home campus on the next page. All information and attachments on this application must be provided by the home campus.

I have read and acknowledge the above information.



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INCOMPLETE APPLICATIONS WILL **NOT** BE REVIEWED

The PACE Center is committed to achieving student success through:

- **Individual progress goals and assessment:**
 - Academic
 - Behavior
 - Attendance
 - Community/ Restorative Practices
- **Customized, flexible scheduling**
- **Student goal setting**
- **Ongoing “progress” evaluations**
- **Varied entry and/ or return to home campus dates for students**



PACE 2023 – 2024 ORIENTATIONS

Please visit the PACE website (<https://www.pearlandisd.org/pace>) for orientation dates and times.

Parent/ guardian **MUST accompany the student at the time of the orientation and interview.**

Please note that PACE orientations are set as in-person meetings.

**** ORIENTATION IS AN IMPORTANT AND REQUIRED STEP IN THE PROCESS BUT DOES NOT GUARANTEE A STUDENT’S ENTRY INTO PACE. ****



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PACE- Pearland ISD's Alternative Choice for Education

ACE Program Application

Complete all information requested. Return completed application to you counselor.

Incomplete application will be returned to the home campus.

Student's Name (Last, First, MI): _____		School Identification #: _____	
Student's Cell Phone Number: _____		Student's Email Address: _____	
Date of Birth: _____	Age: _____	Current Grade: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address: (Street Address – No P.O. Boxes, City, Zip Code) _____			
Applicant Lives With: _____		Relationship to Student: _____	
Parent/ Guardian #1: _____		Parent/ Guardian #2: _____	
Work #: _____		Work #: _____	
Cell #: _____		Cell #: _____	
Email Address: _____		Email Address: _____	
Emergency Contact: _____		Emergency Work #: _____	
Relationship to Student _____		Emergency Cell #: _____	
Are you currently enrolled in a PISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No No		If so, home campus: _____	
Number of Years in Pearland ISD: _____		Grades Attended: _____	
School Counselor: _____		Assistant Principal: _____	
Other Schools Attended:			
School Name _____	School District _____	Grades Attended _____	



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STUDENTS, PLEASE ANSWER ALL QUESTION COMPLETELY

Why do you want to attend PACE? _____

How is your attendance? Present every day Absent 1-2 days per month Absent 4+ days per month

How is your attendance? Passing all my classes Passing 4-6 of my classes Passing 4 or fewer classes

How well do you comply with rules? How many discipline referrals in the current grading period?
 0 referrals 1-2 referrals 3 or more referrals

What do you feel is your biggest challenge/ issue at your current school? _____

What would your current teachers say are your strengths? _____

What would your current teachers say are your weaknesses? _____

Are you currently a part of the Pearland ISD RISE Mentor Program? Yes No

Are you currently employed? Yes No
 Where? _____
 Hours Worked Per Week? _____

Supervisor's Name: _____
 Work Phone Number: _____

Are you a parent? Yes No
 Name(s) and Age(s) of Children:

Are you pregnant with a child? Yes No
 If yes, when is the child due? _____

What are your plans after graduation from High School? (Check One)

- Workforce Trade School 2-year College 2-year to 4-year 4-year College Military Other

Which course of interest would you be interested in pursuing?

- Business and Industry Family/ Consumer Science



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PARENT/ GUARDIAN, PLEASE ANSWER ALL QUESTION COMPLETELY AS THEY PERTAIN TO YOUR STUDENT

The Texas Education Agency (TEA) classifies students as at-risk if they need one or more of the conditions listed below. Please check all that apply to your student.

- Retained at least once in prior grades Grade(s): _____
- Failed two or more core courses this year or last.
- Failed one of more sections of the STAAR/ EOC at last administration.
- Alternative Education Program this year or last (ALA, High Point, AEP, etc.)
- On parole, probation, or deferred prosecution
- Limited English Proficient student
- Residential Placement
- Homeless (McKinney Vento)
- Pregnant/ Teen Parent
- Expelled/ Juvenile Justice Alternative Education Program (JJAEP)
- In Custody of Department of Protective and Regulatory Services (DPRS)
- Previous Dropout

Has your student ever qualified for Special Education Class(es)? Yes No

What type of class? _____

Has your student ever been classified as a Limited English Proficient Student (LEP/ ESL)? Yes No
 If yes, in which grade did ESL placement occur?

Was your student ever enrolled in a Gifted and Talented program? Yes No

Does your student drive himself/ herself to campus? Yes No

Are you interested in district bus services? Yes No

Is your student currently taking any medication(s)? Yes No

List all medications: _____

Please list, in detail, any illnesses, health, or emotional related problems that your student is currently experiencing or has recently experienced that we should be aware of.

Is your student currently on probation? Yes No

If yes, describe the terms of probation.

Name of Probation Officer: _____ **Phone Number:** _____ **County:** _____ **Release Date:** _____

Why do you want your student to attend PACE?



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COUNSELOR REFERRAL

(Must Be Completed By The Student's Counselor Prior To Application Submission To PACE)

Student's Name: _____ **Home Campus:** PHS DHS TCCHS

SPECIAL PROGRAMS INFORMATION (Check all that apply)

Special Ed. 504 GT LEP/ EB

If the student is LEP, 504 or SpEd, identify the date of the last LPAP, 504 or ARD meeting: _____

(Attach current 504, annual ARD with IEP and FIE, and/ or LPAC paperwork to the application)

Graduation Plan

Foundation Foundation w/ Endorsement

CTE PROGRAMS OF STUDY PROGRESS

Number of CTE courses in which the student has earned credit (Check One)

0 1 2 3-4

STATE ASSESSMENT INFORMATION

Only check the EOC exams that the student has **NOT** passed (include most recent failing scores)

ELA I – Score: _____ ELA II – Score: _____ Algebra I – Score: _____ Biology – Score: _____
 U.S. History – Score: _____

Please attach the certificate if the student has completed TCB math and/or TCB English.

COMMENTS (Why do you believed that PACE is the best fit for this student?): _____

Counselor Signature: _____ **Date:** _____

Email: _____

Extension: _____

FOR ACE STAFF USE ONLY

Accepted Waiting List Denied

Date Notified: _____ **Date Placed:** _____

Staff Reviewer (initials): _____

Notes: _____
