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

ACKNOWLEDGEMENT AND SIGNATURES

I understand that the ACE program is a non-traditional high school option for students who need an alternative school setting. I understand that this school is only for those students who have 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, 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 are required for all candidates. You must see your home campus counselor or administrator for recommendations to ACE. The ACE administration will not consider your application without the completed counselor referral form and the assistant principal referral form requested from your home campus. All information and attachments to this application must be provided by the home campus.

Incomplete applications will not be reviewed.

My signature below indicates that I have read and acknowledged the above information:

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

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Alternative Choice for Education (ACE) Application

The PACE Center's ACE Program is committed to achieving student success through:

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

ACE ORIENTATION

Before students can attend the ACE Program, coming to orientation is mandatory.

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. IT IS A PRIMARY STEP BUT DOES NOT GUARANTEE A STUDENT'S ENTRY INTO PACE.

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Alternative Choice for Education (ACE) Application

Complete all the requested information. Return completed application to your counselor.

Incomplete applications will not be considered.

Student's Name (Last, First, MI):		**Student Identification Number:**	
Student's Cell Phone Number:		**Student's Email Address:**	
Date of Birth:	**Age:**	**Current Grade:**	**Sex:** ☐ Male ☐ Female

Home Address: (Street Address – City, Zip Code)

Applicant Lives With: _____	**Relationship to Student:** _____

Parent/ Guardian #1: **Work #:** **Cell #:** **Email Address:**	**Parent/ Guardian #2:** **Work #:** **Cell #:** **Email Address:**

Emergency Contact:	**Emergency Work #:**
Relationship to Student:	**Emergency Cell #:**

Are you currently enrolled in a PISD School? ☐ Yes ☐ No

If so, home campus:

Number of Years in Pearland ISD:	**Grades Attended:**
School Counselor:	**Assistant Principal:**

STUDENT QUESTIONNAIRE

STUDENTS, PLEASE ANSWER ALL QUESTIONS 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 are your grades? ☐ 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 or 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 graduating from high school? (Check One)

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

PARENT QUESTIONNAIRE

PARENT/ GUARDIAN, PLEASE ANSWER ALL QUESTIONS 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): _____
- ☐ Two or more core courses failed 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**

Does your student currently have a Section 504 Plan)? ☐ **Yes** ☐ **No**

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? _____

_____

_____

BUILD PEARLAND Proud

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PACE Center
PREPART. PERSIST PREVAIL.

COUNSELOR REFERRAL

(Must Be Completed by the Student's Counselor Prior To Submittal To PACE)

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

SPECIAL PROGRAMS INFORMATION (Check all that apply)

☐ Special Ed. ☐ 504 ☐ GT ☐ LEP/ EB ☐ FOSTER CARE (Provide 2085)

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 (Provide Opt-Out Form) ☐ Foundation w/ Endorsement

What is the student's plan to meet CCMR? _____

Does the student have denied credits for this academic year? ☐ Yes ☐ No

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

Provide status for each EOC exam. Write N/A if the exam has not been taken. Write ARD if ARD-Accepted.

☐ ENG 1 - _____ ☐ ENG 2 - _____ ☐ ALG 1 - _____

☐ Biology - _____ ☐ U.S. History - _____

Why do you believe that PACE is the best fit for this student?

_____

_____

_____

_____

Counselor Signature:

Date: _____

Email: _____

ASSISTANT PRINCIPAL REFERRAL

(Must Be Completed by the Student's Assistant Principal **prior to** submitting application to PACE)

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

ATTENDANCE

Does the student currently have make-up hours? ☐ ____Yes ☐ _____No

If yes, how many hours does the student currently need to make up? _____

What is the student's plan to make up the time?

_____

_____

_____

Have the number of hours and plan been communicated with the parent? ☐ ____Yes ☐ _____No

FEES

Does the student currently have any outstanding fees? ☐ _____Yes ☐ _____No

If so, how much does the student currently owe in fees? _____

When will the student and parent/guardian pay the fees? _____

Why do you believe that PACE is the best fit for this student?

_____

_____

Other Comments -

_____

_____

Assistant Principal Signature:	**Date:** _____ **Email:** _____