Texas ACE 21st Century Community Learning Center Registration Form 2018-2019

HOUSE	HOLD	INFORM	MATIO	N PAGE
Fill	out on	ly <u>ONE</u>	per fa	mily

	_					
ACE OFFICE USE ONLY	1					
,	1					
ACE Site #	ì					
Copy attached to each student page?						
copy attached to each student page:						
Student ID #s added at bottom?	1					
Date Entered / / Staff Initials	þ					
Date Entered / / Staff Initials	1					

Describio 1 T - 4 N	P:	Andrew State of the Conference			ea to pick-up stude				
Parent/Guardian 1 Last Name	First Na	me	Home Phone	Work Phone	Relationship				
]					
D			TT 751	TT 1 T)	70 1 at 12				
Parent/Guardian 2 Last Name	First Na	me	Home Phone	Work Phone	Relationship				
In the event of an emergency, parent/guardians	s will be contacted	l first. List 2	other adults to be co	ntacted if parents c	annot be reached.				
1st Emergency Contact (Last, First)	Phone/Pager	2nd Emer	gency Contact (Last, First)		Phone/Pager				
1.		2.							
A TABLE THE A REPORT OF THE STATE OF THE CASE ATTO	ייין אוידאור אוידארייי דד	4111-		1.1.1 3.14- 11.4- 3					
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	Address		Home Phone	Work Phone	Relationship				
			1						
			-						
		· · · · · · · · · · · · · · · · · · ·							
			<u> </u>		<u> </u>				
Parent / Gua	rdian Peri	missior	For ACE A	Activities					
PLEAS	E READ CA	AREFUI	LLY						
Must be signed by Pa	rent/Guardian	ı for stude	nt participants .	18 and under					
I hereby give permission for the participant(s) listed belo academic assistance, continuing education, and recreation safety of the participant and will call, if necessary, a pub any transportation charges and medical expenses incurre	onal programs. If a me plic emergency vehicle	edical emergen	cy arises, program staff	will take all steps nece:	ssary to ensure the				
I further give my consent to the school district and Texas support and assistance. In addition, I understand that sch improvement, as well as to evaluate the impact of the pro-	100l district and / or T	exas ACE will	use participant records t	o evaluate individual p	viding educational progress and				
(Optional – Please check box for consent) I a activities, to be used for education and public		o the Texas AC	E program to take the p	articipant's photograpl	ı during program				
I hereby certify that I have read and do understand the ab	oove information:	,		5					
Print Name									
Signed		Date							
List ALL children from your household attending this Texas ACE Program:									
Student Last Name	First N	lame	Age	Grade	ACEID				
					-				

Texas ACE Participant Registration Form 2018-2019

ACE OFFICE USE ONLY ACE Site # 21st Century Community Learning Center ACE Bus # Date Entered in Computer Data Staff Initials ****PLEASE PRINT**** Date Attended ACE Orientation I participated in the ACE 21st Century Program last year \(\text{Yes} \) No Campus: Participant Last Name Participant First Name Middle Initial Participant Home Phone # Home Street Address City State Zip Ethnicity/Race: (Two Part Question, Please Complete Both Sections) Gender (M or F) Age Ethnicity (Choose one) ☐Hispanic/Latino or ☐ Not Race (Choose one or more, regardless of ethnicity): SSN# or Student ID# ☐ American Indian/Alaska Native (1) ☐ Asian (2) ☐ Black/African American (3) ☐ White (4) Birth Date ☐ Native Hawaiian/Other Pacific Islander (5) School Attending in September 2018 Grade in Sept. 2018 Student receives: (check one) Free Lunch Reduced Price Lunch 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 city bus take H.I.S.D transportation (not available at all sites). If transportation is provided by program, list closest corner stop to home: What extracurricular activities does this student participate in? Is there any medical reason why my child shall not participate in certain physical activities? 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 **