

A.C.E. PROGRAM
APPLICATION FORM- 2018-2019



STUDENT INFORMATION			
Student Name:		Race/Ethnicity:	
AISD Student Number:		Grade:	Age:
Date of birth:	AISD Student ID#:		Gender: M or F
Home Phone #:	Student Phone #:	Other #:	
Homeroom Teacher: (Elementary)			
Siblings: (attending this school)			
PARENT/LEGAL GUARDIAN INFORMATION			
Mother/Legal Guardian:			
Address:	City:	State:	ZIP Code:
Home Phone #:	Cell Phone#:	Work Phone #:	
Email:			
Father/Legal Guardian Name:			
Address:	City:	State:	ZIP Code:
Home Phone #:	Cell Phone#:	Work Phone #:	
Email:			
TRANSPORTATION			
How will your child get home after the program ends?			
<input type="checkbox"/> School Bus	<input type="checkbox"/> City Bus	<input type="checkbox"/> Walk	<input type="checkbox"/> Get Picked Up
Other persons authorized to pick-up students:			
Name:	Relationship:	Phone #:	
Name:	Relationship:	Phone #:	
EMERGENCY INFORMATION			
Contact in case of emergency if parents cannot be reached:			
Name:	Relationship:	Phone #:	
List below anything else (allergies, medications, or special needs) that the staff should know about your child.			
1.	2.	3.	

CONSENT- PLEASE READ CAREFULLY

I hereby give permission for the participant listed on this application to take part in the A.C.E. Austin 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 contact the parents/guardians. If necessary, staff will call 911. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I understand that all AISD policies and procedures apply to the A.C.E. Afterschool Program. My child is expected to behave appropriately at all times and follow school rules. I also acknowledge that I have received the *Parent Handbook*, which describes the A.C.E. Austin Behavior Management Policy in more detail.

I further give my consent to the school district and A.C.E. 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 A.C.E. 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.

VENDOR AND/OR PARTNER INFORMATION SHARING

A.C.E. Austin provides various afterschool program activities. It does so by contracting, at times, with non-Austin ISD organizations. Those organizations may include but are not limited to the ones listed below. Beyond the Grade, Dance Another World, 4-H, Green Corn Project I hereby give A.C.E Austin permission to release this registration form with information about my child so that the contracted program provider(s) may contact me about program activities and special events.

Please check box to give consent

I hereby give Austin ISD permission to release my child’s student ID number to these contracted program providers Beyond the Grade, Dance Another World, 4-H, Green Corn Project who serve my students in A.C.E. for the purpose of assessing the program’s effectiveness. Only summary grouped data (i.e., **aggregated** information regarding state test scores, attendance, behavior, etc. for all the students in the program) will be provided and examined. **No data specifically connected to your student will be identified.**

Please check box to give consent

PHOTO AND VIDEO RELEASE

I give A.C.E. my consent to take photographs and/or video recordings of my son or daughter during program activities. Photos and video recordings are to be used for educational and public relations purposes only.

Please check box to give consent

SIGNATURE

I am the parent/legal guardian of the minor named above and have legal authority to execute this consent & release. Grievances related to the program may be addressed with the Site Coordinator, the Project Director or the school principal. For unresolved matters, please refer to AISD’s Student Handbook for additional resources and/or www.austinisd.org for school district protocol.

Parent Signature: _____

Date: _____

Registration by phone: (for secondary school only)

Site Coordinator: _____ Date: _____ Time: _____

Parent/Guardian Contacted: _____