



Weslaco Independent School District
 Texas ACE 21st Century Community Learning Center
 Student Registration Form – 2019-2020

ACE OFFICE USE ONLY
ACE Site # _____
Enrollment # _____
Term: Fall/Spring

****PLEASE PRINT ONE PER STUDENT****

I attended this ACE Program last year Yes No **Campus:** _____

Student's Last Name	Student's First Name	Middle Initial	Student Home Phone #
_____	_____	_____	_____

Home Street Address	City	State	Zip
_____	_____	_____	_____

Ethnicity/Race: (Two Part Question, Please Complete Both Sections)

Age Gender (M or F)

Student ID #

Birth Date / /

Ethnicity (Choose one) <input type="checkbox"/> Hispanic/Latino or <input type="checkbox"/> Not <u>Race (Choose one or more, regardless of ethnicity):</u> <input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black/African American (3) <input type="checkbox"/> White (4) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (5)

School Currently Attending	Current Grade
_____	_____

Homeroom Teacher's Name: _____

Student Primary Language: _____

Student/participant lives with: (check one)

<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent mother	<input type="checkbox"/> Single parent father
<input type="checkbox"/> Foster care	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____

This student will: (check one) be picked up take bus.

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

If yes, explain below:

<p><i>List below anything else (allergies, medications or special needs) that the staff should know about your child.</i></p> <p>**Parent or Guardian is responsible for notifying ACE staff of any changes**</p>
--

How did you hear about the Texas ACE Program? _____

HOUSEHOLD INFORMATION PAGE

NOTE: Person's listed will be authorized to pick-up student

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship

Email address: _____

Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship

Email address: _____

In the event of an emergency, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.

1 st Emergency Contact (Last, First)	Phone	2nd Emergency Contact (Last, First)	Phone
1.		2.	

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).***

Name	Address	Home Phone	Work Phone	Relationship

Parent / Guardian Permission for ACE Activities

PLEASE READ CAREFULLY

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

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.

I understand that if my child is absent from the afterschool program, I will receive a phone call notifying me of the absence unless I have already given notice that my child is not going to attend the program or was absent from school.

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:

Print Name _____

Signed _____ **Date** _____

<i>FOR OFFICE USE ONLY:</i>				
Siblings First Name	Last Name	Age	Grade	ID