



Texas ACE
21st Century Learning Center
Participant Registration Form



***** PLEASE PRINT *****

Student attended this ACE Program last year. Yes No Campus: Elem JH HS

Participant/Student Last Name Participant/Student First Name Middle Initial Participant Home Phone #

Street Address City State Zip Code

Mailing Address Please check, if same as street address.

Age Gender (M or F)

Grade 2020-2021

Birth Date

Student/Participant live with: (circle one)

- ACE Bus
- Both Parents
- Single parent mother
- Single parent father
- Foster Care
- Guardian
- Other

The student will participate in: Morning ACE (7:00 – 7:45 am, **No transportation to school provided**)
 Afternoon ACE
 Both

The following section regards transportation for afternoon ACE (please check one).

The student will be: Car Rider Walk (JH & HS) Drive (HS) ACE Bus

(If ACE Bus, pick one): Home Other Address: _____

***Elementary and Junior High Campuses must be notified by 2:00 PM if there are any changes.**

Siblings in Hooks ISD (First Name, Last Name, 20-21 Grade): _____

Remind for News & Emergencies:

Remind is a free, safe, and simple text messaging tool that will allow us to send you reminders for upcoming events. We also utilize Remind to alert you immediately and directly of any emergencies or changes to the ACE schedule due to bad weather. We request that all parents/guardians sign up for Remind, all personal information is kept private. We will never see your phone number, nor will you see ours. **Directions are attached for you to sign up for this important communication tool or you can list the number you want the Remind notifications sent to: _____.**

The Texas ACE program is a federally funded program that requires students to attend a minimum of 45 days of ACE and parents to attend 2 parent events per semester. By filling out this application, you agree to both student and parent requirements. **ALL PARTICIPANTS MUST KEEP A CURRENT PARENT/GUARDIAN PHONE NUMBER ON RECORD WITH THE SCHOOL.**

Does student have any medical reasons that restrict certain physical activities? No Yes

If yes, please explain: _____

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 ***

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship	Can Pick Up

Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship	Can Pick Up

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

1 st Emergency Contact (Last, First)	Home Phone	Work Phone	Can Pick Up

2 nd Emergency Contact (Last, First)	Home Phone	Work Phone	Can Pick Up

Adults **NOT Authorized to Pick-Up Student** (Must be on file with campus):

Name/Relation: _____

Parent Handbook:

The Parent Handbook is available on Hooks ISD webpage. You may request a copy of it.

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

I hereby give permission for the participant(s) listed below to take part in the 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.

My signature gives ACE permission to share my child's picture, video, projects or other items created, and pictures and videos of my child during ACE with TEA and other grant related partnerships.

I further give my consent to the school district and Texas ACE to share the participant's student records with each other for the purpose 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 hereby certify that I have read and understand the above information:

Parent Print Name(s): _____

Parent Email: _____

Parent Signature: _____ Date: _____