

MARTIN EAGLES AFTER-SCHOOL PROGRAM
FALL PROGRAM



2017/18 REGISTRATION FORM

STUDENT INFORMATION				
Student Name:			Race/Ethnicity	
AISD Student Number:			Grade:	Age:
Date of birth:	Social Security #:		Gender: M or F	
Home Phone #:	Student Phone #:	Other #:		
Student Email:			Twitter handle:	
Homeroom Teacher: (Elementary)				
Siblings: (attending this school)				
PARENT/LEGAL GUARDIAN INFORMATION				
Mother/Legal Guardian Name:				
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	<input type="checkbox"/> Other
Other adults 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.

**PLEASE READ CAREFULLY
MUST BE SIGNED BY PARENT/GUARDIAN**

I hereby give permission for the participant(s) listed on this application to take part in the ACE 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 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 understand that all of AISD policies and procedures are to be adhered in this program. My child is expected to behave appropriately at all times and follow the rules of your school. **I also acknowledge that I have received the Parent Handbook**, which describes the ACE Austin Behavior Management Policy in more detail.

I further give my consent to the school district and ACE Austin 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 ACE Austin 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

ACE Austin contracts with non AISD organizations to provide afterschool activities. I give the afterschool staff permission to release my child's student ID # to AISD's contracted program providers for the purpose of assessing program effectiveness. Only group data (i.e. information regarding state test scores, attendance, behavior, etc for all the students in the program) will be examined, no data specifically connected to your student will be identified.

The providers for this program are Abrakadoodle, Active Life, AAMB Harvest Foundation, An Dang, Annie Bradley Art, Austin Community Steelband, Austin Film Society, Badgerdog, Boys & Girls Club, Camp Fire, Cine Las Americas, College Forwar, Creative Action, GENaustin, Girls Inc, Girl Scouts, Golf in Schools, Greater Austin First Tee, James Richardson, Keep Austin Beautiful, Latinitas, LaunchPad, Leap of Joy, Life Changers, Links Foundation, Media Communications Council, New Horizons Lacrosse, Phoenix Arising, Sustainable Food Center, Texas Agrilife Extension Services, Texas Network of Youth Services, The Ghisallo Foundation, Beehive, Changing Expectations and The Overton Group .

Other: _____

Please check box for consent

PHOTO / VIDEO TAPING RELEASE

I give my consent to the ACE Austin program to take the participant's photograph or videotape during program activities, to be used for educational and public relations purposes, to include websites and social media (Twitter, SnapChat, etc.)

Please check box for consent

SIGNATURE

I am the parent/legal guardian of minor named above and have legal authority to execute this consent & release. Grievances related to the program may be addressed by a phone call or conference with the Site Coordinator, the ACE Director (512-414-0125) or 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: _____