



ACE 21st Century Community Learning Centers

P.O. Box 27025 - Raleigh, NC 27611

— Middle School (6-8)

Student Application Form

Please complete every space or write NA for Not Applicable

Please type or print



Social Security Number:	Home School:	Grade:	Teacher:
Complete Name (Last, First, Middle Initial)			Date of Birth (mm/dd/yyyy)
Address:	Apt. No.	City/Town:	County:
State:	Zip Code:	Teacher:	
Sex: Male () Female ()	Ethnic Group/Race Check one: () American Indian () Hispanic () African American () Caucasian () Asian or Pacific Islander () Other (Specify):		
Name of Parents/Legal Guardian:		Home Phone:	
Address (If Different From Above):		Work Phone:	
Alternate Contact and Relationship:		Cell Phone:	
Name:		Email:	
Address:		Work Phone:	
		Home Phone:	
		Cell Phone:	
		Email:	
What Language does your child speak? () English () Other (Specify) _____			
What Language is most often spoken in your home? () English () Other _____			
<p>Note: Will your child need transportation? Yes ___ No ___</p> <p>How will your child be transported to and from ACE21st CCLC? _____</p> <p>Please list the names and phone numbers of individuals (16 or over) that you have authorized to pick up your child other than his/her parent or guardian.</p> <p>1. _____ Telephone No. () _____</p> <p>Relationship to the child: _____</p> <p>2. _____ Telephone No. () _____</p> <p>Relationship to the child: _____</p>			
Emergency Care Information:			
Child's Doctor's Name _____ Phone _____			
Address _____ Hospital Preference _____			
Information about your child (List allergies, restrictions, special needs, medication): _____ _____			
If parent/guardian cannot be reached, call Name _____ Phone _____ Relationship _____			
I agree that the 21 st CCLC XXX Afterschool Program's Site Coordinator may authorize the physician of her/his choice to provide emergency care in the event that neither I nor a family physician can be contacted immediately.			
<p>I understand that my child may be dismissed from ACE 21st Century Community Learning Centers Afterschool Program as a result of continuous disciplinary problems.</p> <p>_____ <i>Signature of Parent or Legal Guardian</i></p> <p>_____ <i>Date</i></p>			
For Office Use Only: Date Entered _____ Date Removed from System _____			
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