

**ACE APPLICATION**

**Student's name** \_\_\_\_\_  
Last First Grade

**Student's address:**

\_\_\_\_\_  
Street City Zip Code

**Student's Social Security Number (REQUIRED)** \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Alt. Number \_\_\_\_\_

**Transportation:** Will your child (Please check one)

\_\_\_\_\_ Walk \_\_\_\_\_ be picked up in front of Elementary \_\_\_\_\_ Ride the bus

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Your child will only be allowed to leave ACE with the parent(s), guardian(s), or persons authorized on this sheet or their campus enrollment form school paperwork. Please call or send a note to the school if there are any changes.**

**Allergy/Medical Form (Please check one)**

\_\_\_\_\_ My child does not have any allergies \_\_\_\_\_ My child has allergies.

Please name the allergies: \_\_\_\_\_