

THE BRIDGE at **aces**

Student Name _____ **DOB** _____
Last First MI Month Day Year

School District: _____

Current School: _____

Grade _____ **Credits** _____

Special Education or 504 Plan:

Yes No

Ethnic Code School Data

Native Am Hispanic Black White Asian 2+races

Gender

Male Female

SDE Student ID# _____

Circle One: Mother/Father/ Guardian/ Emancipated Youth

Name _____ **Home Telephone** _____

Street _____ **Work Telephone** _____

City _____ **State** _____ **Zip** _____ **Other Telephone** _____

I hereby apply for enrollment The Bridge at ACES Alternative School and authorize ACES Principal to review student data, including but not limited to attendance, discipline, grades, intervention programs, and other programs. Permission is also granted for the principal to confer with the school guidance counselor and classroom teachers.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

The student is at-risk because he or she is two (2) or more of the following:

- Alternative placement due to school level infractions due to an extreme violation of rules and regulations.
- One or more years behind their age group.
- Two or more years behind their age group in basic skill (reading or math) levels.
- Habitually truant (missed 6+ days unexcused OR excused)
- Five or more discipline infractions in the current school year.
- Involved in the juvenile justice system (CSSD).
- Student is at-risk of withdrawing without a diploma.
- Other: _____

Please submit the signed release form on the back with the application.

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TRANSFER OF CONFIDENTIAL STUDENT INFORMATION

Date: _____

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the [_____] Public Schools to **release** and/or **obtain** (please circle) the following confidential records regarding my child for the purpose of _____:

Name of Child: _____

Address: _____

DOB: _____
Parent(s)/Guardian(s): _____
School: _____

(Please check all that apply)

	<u>Obtain</u>	<u>Release</u>
All Records	<input type="checkbox"/>	<input type="checkbox"/>
Cumulative File	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Personnel/Special Education	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary	<input type="checkbox"/>	<input type="checkbox"/>
Health/Medical*	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

To/From: _____

Name: _____

Address: _____
Street Town State/Zip Code

Telephone: (____) _____ Fax: (____) _____

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be re-disclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

Print Name of Parent/Guardian

Date

Signature of Parent/ Guardian

Date