

Bridges Academic Center of Excellence Application

APPLICATION INFORMATION – ALL APPLICANTS

Date: _____

Grade Level

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th College Other _____

School Name: _____ Track: _____

Expected Year of High School Graduation: _____ or College Graduation: _____

Name of the Magnet Program, if enrolled: _____

Current GPA: _____

STUDENT INFORMATION – ALL APPLICANTS

FULL LEGAL NAME

LAST (FAMILY)

FIRST

MIDDLE

SUFFIX (Jr., III, etc.)

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MALE

AGE

DATE OF BIRTH
MONTH DAY YEAR

FEMALE

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PERMANENT MAILING ADDRESS – NUMBER, STREET, APARTMENT NUMBER OR POST OFFICE BOX

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ADDRESS

CITY

STATE

ZIP CODE

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TELEPHONE (Area Code/Number)

MOBILE/NUMBER

EMAIL ADDRESS

Father / Legal Guardian's Name

Mother / Legal Guardian Name

Work / Day Phone: _____

Work / Day Phone: _____

Email: _____

Email: _____

Name of Emergency Contact: _____

Work / Day Phone: _____

Mobile Phone: _____

ETHNICITY

- | | | |
|---|---|--|
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Japanese/Japanese-American | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Mexican/Mexican-American/Chicano | <input type="checkbox"/> Vietnamese/Vietnamese-American | <input type="checkbox"/> Samoan/Samoan American |
| <input type="checkbox"/> Latino/Other Spanish-American | <input type="checkbox"/> Chinese/Chinese-American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Filipino/Filipino-American | <input type="checkbox"/> Thai/Other Asian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Korean/Korean American | <input type="checkbox"/> East Indian/Pakistan | <input type="checkbox"/> Other |

Bridges Academic Center of Excellence

Parent/Guardian Authorization

I, _____, parent or legal guardian of _____, a minor child, hereby gives permission for my child to participate in the Academic Center of Excellence (ACE) activities conducted by the staff and volunteers of Bridges ACE. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses, to participate in ACE academic development services, and to promote a college going culture that results in admission to a college or university. I also understand that such activities may be available until he/she enrolls at a college or university.

Authorization

I hereby authorize Academic Center of Excellence director(s), staff and their volunteers to engage in the following:

1. to have access to, and to make and receive copies of my child's academic school records through the completion of 12th grade. I understand that these records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and b) determine when academic support services are needed.
2. To have access to, and to make and receive copies of my child's standardized test records including tests taken under the auspices of the Educational Testing Service (ETS), through the completion of 12th grade. I understand that these records will be kept in strict confidence and will be used only for the purposes of assessing student performance and advising students and not for recruitment purposes.
3. To have access to, and to make and receive copies of my child's academic school records and standardized test records contained in electronic databases and warehouses, including but not limited to the UC Gateways data warehouse, through the completion of 12th grade. I understand that these electronic records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and b) determine when academic support services are needed.
4. To allow my child to attend field trips sponsored and coordinated by the Academic Centers of Excellence. I understand that my child will have adult supervision while on these field trips.
5. To reproduce any original materials submitted by and any image of participants in the Academic Centers of Excellence. I understand that participants' compositions or likenesses may be reproduced in part or in whole for the purpose of on-going program promotion and evaluation. I release Bridges ACE of any obligation to compensate me, my children, or any party acting on my behalf, for the use of the above mentioned media.

I _____ HAVE CONSENTED TO ALLOW MY CHILD TO PARTICIPATE IN activities at the Bridges Academic Center of Excellence. In the event of an accident on or away from the site, I hereby give the ACE staff permission to see that my child receives medical treatment. I will be financially responsible for all charges incurred in the rendering of emergency treatment; regardless of my insurance coverage. In addition, I authorize emergency medical treatment for my child at the nearest medical facility.

Signature: _____ Date: _____

Tutoring Application – Bridges Academic Center of Excellence

A.C.E. – “Preparing Students for College and Beyond!”

Contact Information

Student Name	
Street Address	
City, ST, Zip Code	
Home Phone	()
Email Address	
School Name	
Grade Level	
Current G.P.A.	

Parent(s) Name	
Street Address	
City, ST, Zip Code	
Home Phone	()
Work Phone	()
Cell Phone	()
Email Address	

Scheduling

On which day(s) would you like to bring your child for tutorial services?

During which time?

_____ Monday
_____ Tuesday

_____ Wednesday
_____ Thursday

_____ 3:30 – 6:00
_____ 3:30 – 6:00

_____ 3:30 – 6:00
_____ 4:30 – 6:00

Subjects

Tell us in which area(s) your child is experiencing difficulties:

_____ English	_____ Foreign Language
_____ Language Arts	_____ Study Skills/Test Prep
_____ Reading	_____ Math
_____ History/Social Science	_____ Science

Person to Notify in Case of Emergency

Name	
Street Address	
City, ST, Zip Code	
Home Phone	()
Work Phone	()
Cell Phone	()
Email Address	

I have consented to allow my child to participate in the Bridges Academic Center of Excellence tutorial Program.

Signature: _____

Date: _____

Agreement and Signature

I give permission for the Academic Center of Excellence to have access to and receive copies of _____'s academic school records through the completion of the 12th grade. These records will be kept in strict confidence and used solely to: a) monitor my child's academic progress, and b) determine the types of ACE academic support services that are needed.

Parent Name (printed)	
Parent Signature	
Date	

Academic Center of Excellence

Policies and Procedures

1. Students must be on time for all academic workshops and presentations.
2. Parents must pickup students on time after workshops.
3. Upon arrival students should sign attendance sheets with all information being accurate and legible.
4. Students must remain inside the building especially when waiting for their parents to pick them up. Students are not permitted to wait outside of the building for their parents.
5. Students should be respectful to all adult facilitators/staff as well as each other at all times.
6. Students must wear appropriate dress attire. For example, no exposed waists or undergarments.
7. Computers are for academic use only. Other activity such as playing games, downloading pictures, music, etc. will not be tolerated.
8. All required documents should be signed and submitted in a timely manner.
9. In addition, the following will NOT be tolerated:
 - a. playing or loud talking during classroom sessions
 - b. profanity
 - c. hitting or fighting
 - d. magazines in the classroom unless used for academic purposes
 - e. hats, caps or "do-rags"
 - f. food or drinks in computer labs
 - g. cell phones and electronic devices turned on during classroom sessions
 - h. drugs or alcoholic beverages

Disobeying these rules will result in a conference with ACE staff, the student and parents.

Thank you for your cooperation.

I understand and agree to adhere to the policies and procedures as stated above.

Student Signature

Date

I understand and agree to adhere to the policies and procedures as stated above.

Parents/Guardian Signature

Date