



ACE ACADEMY

Academics • Creativity • Excellence

Austin's First School for Gifted Students
Established 2005

Please attach a recent
photograph here

APPLICATION FOR ADMISSION

This application for admission to ACE Academy is made on behalf of:

Last First Middle Preferred Name

Date of Birth Gender Social Security Number

Primary Address

City State ZIP Code Home Phone

Candidate is applying for admission for the _____ semester of _____; at this time, candidate will be _____.
current / fall / spring Year Age

Parent Signature: _____ Date of Application: _____

- We ask that both parents attend an Parent Information Session before submitting an application.

Please list date(s) of attendance for each parent:

- Are you interested in scheduling a parent shadowing visit to ACE Academy? Yes No

- Are you interested in arranging testing for your child at ACE Academy? Yes No

- Are you planning on arranging testing at another location? Yes No

If YES, please list date and location:

ACE Academy admits students of ancestry, citizenship, ethnicity, family status, gender identity, gender expression, disability, race, color, religion, nationality, ethnic origin, sex, or sexual orientation. to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of ancestry, citizenship, ethnicity, family status, gender identity, gender expression, disability, race, color, religion, nationality, ethnic origin, sex, or sexual orientation in administration of its educational policies, admissions policies, financial aid programs, and athletic and other school-administered programs.

CURRENT SCHOOL INFORMATION

Current School _____ Address _____

City _____ State _____ ZIP Code _____ Phone _____

Principal/Head of School _____ Years Attended _____

RECORD OF PREVIOUS SCHOOLING

Name of school and address	Teacher's name	Grades/Years attended
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MEDICAL HISTORY

- Please describe any illnesses, diseases, or physical disabilities which have affected or may affect your child's general health, schoolwork, or participation in athletics.

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- Has any behavioral, psychological, or educational evaluation of your child been performed? Yes No

If yes, when and by whom? _____

Please provide a copy of the report so that we may best understand and serve your child.

- Applicant has a diagnosed learning difference: Yes No

If yes, list date and diagnostician: _____

Please describe: _____

- Have outside support or accommodations been recommended for this applicant? Yes No

If yes, please describe: _____

ADDITIONAL INFORMATION

Has the applicant's family been previously involved with Austin Gifted/ACE Academy/Summer Wonders? If so, in what way?

Please state your reasons for wanting to enroll your child in ACE Academy.

What special skills and talents does your child bring to a classroom environment?

Please share with us any special talents or support you may be able to contribute to the educational experience of your child and his or her classmates.

APPLICATION INSTRUCTIONS:

1. We ask that both parents attend a Parent Information Session—held on the second Wednesday of every month at ACE Academy—before submitting an application. For more information, visit www.austingifted.org or call (512) 206-4070.
2. Please submit this application with a current photo of your child attached and a \$100 application fee by mail to the address below. In order for your child's application to be complete, we also need the following materials:
 - Two letters of recommendation from teachers or other non-family member adults
 - Copy of assessment report (if testing was performed outside ACE Academy)
 - Copy of any and all additional behavioral, psychological, and/or educational evaluation reports
3. Feel free to make an appointment for a parent shadowing visit after attending a Parent Information Session. Upon receipt of a complete application, and if your child qualifies, we will contact you to arrange a shadowing day for your student at the school.

ACE Academy
3801 N. Capital of Texas Highway, E 240-158
Austin, TX 78746



RECORDS RELEASE

Student's Name: _____

Purpose:

ACE Academy strives to meet the academic, social, and emotional needs of gifted students. Information gathered through assessments outside the school helps ensure that all those needs are appropriately met.

Instructions: Under BOTH columns (one is marked "Release to:" and the other is marked "Obtain from:") list the names of any professionals or agencies whom your child has seen and with whom ACE Academy may have permission to share information. These professionals/agencies should be listed in **both columns**, unless you only want information to be shared in one direction (in which case you would need to decide to whom ACE should release information, and from whom we should obtain information). In the lists, make sure you include phone numbers with names, so that communication can be possible, when necessary. The parent/guardian needs to initial next to BOTH columns. Parent/Guardian needs to print his/her name, sign his/her name, and date the form at the bottom. Thank you!

Information to be Shared

Signing this form authorizes ACE Academy administration to release any and all information and documentation regarding the above-named individual to those listed below. This may include, but is not limited to, the following: individual and family demographics, social, educational, and psychological assessments, progress notes and participation notes. This information may be released in written or verbal form.

Additionally, this entitles ACE Academy to obtain like information from those listed below.

_____ initial	<u>Release to</u>	_____ initial	<u>Obtain from</u>
	_____		_____
	_____		_____
	_____		_____
	_____		_____

Understandings:

- I understand that this release is voluntary and may be revoked by written notice at any time.
- I understand that the records and information released under this consent will be kept confidential to the extent permitted by law, and used for the above stated purpose(s).
- I understand that this consent expires one year from the date of my signature.
- I understand that if I sign this as a legal guardian of a minor child, the information released may contain reference(s) to me or to my family.

Parent/Guardian's printed name

Parent/Guardian's signature

Date

Copy of this release is as valid as an original.