



Palestine Independent School District

Palestine Jr. High School

233 Ben Milam • Palestine, TX 75801
Office (903)731-8008 • Fax (877) 655-0731

2015-2016 TACE REGISTRATION FORM

Name of student: (last) _____ (first) _____
Street address: (street) _____ (apt #) _____
City/state/zip: _____ date of birth: _____ (age) _____
Gender: (male) ___ (female) ___ race: _____ school: _____ grade: _____
SSN #: _____ lunch # _____ primary language: _____
Teacher's name _____

FATHER/LEGAL GUARDIAN

(name) _____
Address (street) _____ (city/state/zip) _____
Employer _____ (work phone) _____
(home phone) _____ (cell phone) _____ (email) _____
Place an "x" on your preferred way to be contacted (hm phone) ___ (wk phone) ___ (cell/text) ___ (email) ___

MOTHER/LEGAL GUARDIAN

(name) _____
Address (street) _____ (city/state/zip) _____
Employer _____ (work phone) _____
(home phone) _____ (cell phone) _____ (email) _____
Place an "x" on your preferred way to be contacted (hm phone) ___ (wk phone) ___ (cell/text) ___

HOW WILL YOUR CHILD GET HOME?

(Please list address student will be going to AFTER the program)

(school bus) _____ (car rider) _____

Address

WHO HAS PERMISSION TO PICK YOUR CHILD UP AT THE END OF THE DAY, BESIDES YOURSELF?

(name/relationship) _____ (phone) _____
(name/relationship) _____ (phone) _____

_____ I understand that if my child is supposed to be picked up and is not by the end of programming, the afterschool staff may call PISD Police. After three late pick-ups, my child may be excused from the program.

*****PLEASE CONTINUE ONTO THE BACK*****



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MEDICAL INFORMATION: Please list any special problems your child may have, such as allergies, illnesses, prescribed medications, serious injuries, and/or hospitalizations:

DOCTOR'S NAME: _____ **DOCTOR'S PHONE:** _____

DOCTOR'S ADDRESS:(city/state) _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In case my child has an accident or sudden illness, and in the event I cannot be reached by phone, I hereby authorize a representative of PISD to refer my child to the physician named above or seek appropriate medical care. PISD cannot be held responsible for any cost incurred:

PARENT/GUARDIAN SIGNATURE:

(date)

CONTACT IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED:

(name/relationship) _____ (phone) _____

(name/relationship) _____ (phone) _____

AUTHORIZATIONS FOR (name of child): _____

I authorize Palestine ISD to take and release photos and/or video-taped images of my child to document and publicize the program in newsletters, newspapers, and on the school web page.

_____ Initial

VOLUNTEER

I am interested in volunteering with the afterschool program. YES _____ NO _____

ALL INFORMATION IS COMPLETELY CONFIDENTIAL

I am the parent or legal guardian of the minor named above and have legal authority to execute this consent and release.

SIGNATURE: _____ **DATE:** _____