**ACE (Alternative Choices in Education)**

**Student Application**

**2015-16**

* If you are applying to be in the ACE Program, you must complete all steps on this checklist as well as the personal statement and return it to the ACE office **by May 20th, 2016.**
* **New students who are accepted into the program begin ACE in Sept. 2016.**

**Checklist:**

☐ Informed my guidance counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of my interest in applying

to ACE.

☐ Attended an ACE information meeting on Tues. April 5th at 6:30pm with my parent/guardian to learn

more about the program from ACE staff **or** met with ACE Guidance Counselor, Ms. Lopez on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

☐ Visited at least 1 ACE class on \_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ACE Teacher signature\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Discussed the idea of applying to ACE with parent/guardian and any program

coordinator (i.e. METCO, etc..)

☐ Completed the personal statement about why I want to be in ACE (see below)

and submitted it to the ACE Program Coordinator, Ms. Bayer **by May 20th**.

☐ Scheduled an intake interview for myself and my parent/guardian with Ms.

Bayer. (Called the ACE Office: 617-713-5252 or 617-713-5256) **no later**

**than June 1st. This should be scheduled ASAP.**

**Personal Statement: Why I want to be in ACE?**

On an attached piece of paper, explain why you think you would benefit from being in ACE. Please offer specific reasons for how and in what ways ACE is a better match or fit for your learning style and your overall needs in school vs. staying where you are (mainstream or another BHS program). This statement should be no longer than 1 page.

Please do not worry about spelling or grammar but do take time to think deeply about your reasons, based on what you’ve seen and learned about ACE. We also value your honest self-assessment of what you think will be your strengths and challenges in our program.

Permission to Join ACE

|  |  |
| --- | --- |
| Name: | Gender: |
| Email: |
| Address:  |
| Cell Phone #: | ID #: |
| Counselor: | Dean: |
| Homeroom: | Current Grade:   |

**Parent/Guardian Information:** Do you alternate between more than one home?

Name Name

Address Address

Home Phone Home Phone

Work Phone Work Phone

Cell Phone Cell Phone

Email Email

I/We give our permission for my son or daughter to join ACE. I understand that the ACE Coordinator will become the Dean for my child.

Parent/Guardian Signature Date ­­­­­­

We agree that the student named above can join ACE starting November 30,2015

Dean Approval Comment

Counselor Approval Comment

I plan to join ACE. I agree to take the responsibility for my education and for my attendance in school and in classes. I will take part in the community activities and contribute to ACE.

Student’s Signature Date

**ACE Schedule 2015-2016**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY | **TUESDAY** | WEDNESDAY | THURSDAY | FRIDAY |
| **Mainstream A1** 8:20 - 9:10 | **Mainstream A2**: 8:20 – 9:20 | **Mainstream A3** 8:20 - 9:10 | **ACE CLASS 2 short**8:20 – 9:20 = B360 |  |
| **ACE CLASS 1 long**9:15 – 11:15 =B1+C1 | **ACE Advisory****(T-Block** ) 9:25 – 10:05 | **ACE CLASS 2 long**9:15 – 11:15 =B2+C3 | **Mainstream A4** 9:25 – 10:25 | **Mainstream D4** 9:15 – 10:05 |
|  | **ACE CLASS 1 short****C2**: 10:10 – 11:1060 |  | **X-Block** 10:30-11:10 | **ACE CLASS 1 short**10:10 – 11:00 = E450 |
| **Mainstream D1**: Class 1: 11:20 – 12:20Lunch 2: 12:25 – 12:55**Or** | Lunch 1: 11:15 – 11:45  | *Lunch 1: 11:20 – 11:50* | *Lunch 1: 11:15 – 11:55* | *Lunch 1: 11:00 – 11:30* |
| **Mainstream D1**: Lunch 1: 11:20 – 11:50Class 2: 11:55 – 12:55 | **ACE CLASS 2 short**11:50 – 12:50 = G260 | **ACE CLASS 1 short**11:55 – 12:55 = F260 | **ACE CLASS 1 long**12:00 – 1:55 = E3-+G3115 | **ACE CLASS 2 long**11:35-1:20 = C4+F4 105 |
| **ACE CLASS 2 short**1:00 – 2:00 = F160 | **Mainstream D2** 12:55– 1:45 | **Mainstream D3** 1:00 – 2:0060 |  |  |
| **Acad Ach or PGP\***2:05 – 2:55 = G150 | **Acad Ach or PGP\***1:50 – 2:50 = E160 | **Acad Ach or PGP\***2:05 – 2:55 = E250 | **ACE Advisory**2:00 – 2:50 =F350 | **Acad Ach or PGP\***1:25 – 2:15 = G450 |
|  | Faculty and Staff Meetings3:00 – 4:00 |  |  | Student Early DismissalTeacher Collaboration2:15-2:55 |

**ACE ADMISSIONS: FIELD TRIP PERMISSION**

STUDENT NAME: DATE:

STUDENT ID #:

NATURE AND PURPOSE OF FIELD TRIP:

 Visit one class for entry requirements for ACE.

 *Amy Bayer*

 Amy Bayer

 Teacher Conducting Field Trip

 Teachers releasing student please sign below.

 Approve Disapprove

B BLOCK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C BLOCK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E BLOCK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F BLOCK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G BLOCK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher comments: