

# STUDENT APPLICATION

Please complete all three sections of this application and send back to Jan Wierima, ACE Academy, 4222 NE 158th Ave., Portland, OR 97230. You can also fax the application to Jan at 503-546-9708. Questions? Call Jan at 503-318-8145.

## Section 1: Who are you?

Name: \_\_\_\_\_

School: \_\_\_\_\_

*Please note that priority will be given to students who attend school in Centennial, Gresham-Barlow, Parkrose and Reynolds School Districts.*

In September, 2009, you will be in:  8th grade  9th grade  10th grade

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_  personal cell phone  parent's cell

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Can you attend all fifteen days of the program from July 13-31, 2009, 8:30am to 2:30pm?

Yes  No If No, explain: \_\_\_\_\_

As part of the program, we will provide transportation and gear to those who need it. Do you need:

Bus passes  Yes  No  
 Work boots  Yes  No If yes, what size? \_\_\_\_\_

What size t-shirt do you wear?

Men's  Women's  S  M  L  XL  Other \_\_\_\_\_

We'll get lunch! Do you have any dietary restrictions?  Yes  No

If yes, please explain: \_\_\_\_\_

ACE Academy welcomes and supports a diverse student population. Please tell us about your background and check all boxes that apply:

Male  Female  
 Caucasian  African American  Latino  Asian American  Other

Don't forget to complete Sections 2 and 3!

## Section 2: Why do you want to participate?

Are you interested in attending the ACE Academy when you become a junior?

- Yes       No       Unsure

Do you know anyone who has attended the Academy for Architecture, Construction and Engineering (ACE)?

- Yes       No

Have you ever met an architect, construction worker or engineer?  Yes       No

If yes, what kind of impression did he/she make on you? How would you describe that person? If no, what do you imagine that person might be like?

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What do you hope to gain by participating in the Pre-ACE summer program?

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What interests you about this program? Please check all that apply:

- Work with female and minority students       Work with my hands  
 Learn about engineering       Learn about architecture  
 Learn about construction       Earn bonus points on my application to ACE  
 Meet the ACE teachers and learn about the school       get out of the house  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

What three words would you use to describe yourself?

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## Section 3: Parent Releases

### EMERGENCY INFORMATION FORM

*A signed Emergency Information Form is required to participate in the 2009 Pre-ACE summer program. However, please be assured that, other than to note its completion, this form will not be used when choosing students to participate in the program.*

Name of Student: \_\_\_\_\_

Name of Parent/Authorized Adult (person authorized to pick up student if necessary):

First choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Second choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Name of medical insurance covering student: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

List any allergies or medical problems: \_\_\_\_\_

List ALL medications that your student will need to take during the 2009 Pre-ACE summer program:

\_\_\_\_\_

\_\_\_\_\_

Should an accident or other medical emergency occur during the program at the ACE Academy or while the student is en route to or from the program at the ACE Academy, and the responsible leaders are unable to reach a parent or guardian for medical authorization, I hereby give my consent for the responsible leaders to authorize necessary hospitalization or treatment, including/but not limited to injections, anesthesia, surgery and medication.

I agree to be responsible for any medical expenses not covered by insurance that may be incurred as a result of any accident, illness or medical emergency involving the student.

I further agree that Oregon Building Congress and the ACE Academy staff shall not be responsible for loss or injury not covered by my insurance that occurs during this program and I hereby release Oregon Building Congress and the ACE Academy and its staff from any and all such responsibility or liability.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/guardian signature

Today's date

**Printed parent/guardian name:** \_\_\_\_\_

## Section 3 continued: Parent Releases

### ACTIVITY & TRANSPORTATION RELEASE

I am the parent or legal guardian of \_\_\_\_\_ (student's name) who has my permission to participate in all the activities of the 2009 Pre-ACE summer program.

My child will arrive and depart the ACE Academy each morning and afternoon via (check all that apply):  public bus  parent-driven transportation  Other: \_\_\_\_\_.

I understand that the ACE Academy and its partners are not responsible for student transportation outside of program hours.

I understand that participation in this program will require travel to other educational sites including construction sites. I allow my child to ride with an ACE teacher and other student participants in a school bus during program hours.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Parent/guardian signature Today's date

### PHOTO RELEASE

*A signed Photo Release is encouraged but not required to participate in the 2009 Pre-ACE summer program. Choosing not to sign this part of the form will not affect your child's application in any way. If you do not wish to sign the Photo Release, please draw an "X" through this section and return it with the application.*

I authorize the taking and use of \_\_\_\_\_ (student's name) picture and/or name for use by Oregon Building Congress (OBC) and all other organizations that are part of OBC, including the ACE Academy, in publicity intended to encourage participation in and financial support for OBC programs. I release and discharge OBC, the ACE Academy, its agents, and consultants, directors, employees, and officers from claims for loss, damage, injury or expense arising from such use.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Parent/guardian signature Today's date