**Student Application**

**2020-21**

* 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 or to Chrissy Carruthers at [Christine\_carruthers@psbma.org](mailto:Christine_carruthers@psbma.org) **no later than March 5, 2021.**
* New students who are accepted into the program begin ACE **September, 2021.**

**Steps to complete in this order:**

1. ☐ Informed my guidance counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of my interest in applying to ACE.
2. ☐ Reviewed the ACE website with my parent(s)/guardian: <http://bhs.brookline.k12.ma.us/ace-experience.html>
3. ☐ Email ACE Secretary, Christine Carruthers, [Christine\_Carruthers@psbma.org](mailto:Christine_Carruthers@psbma.org), to schedule your attendance at an ACE info session.
4. ☐ Visited at least 1 ACE class on \_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACE Class visited\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ☐ Discussed the idea of applying to ACE with parent/guardian and any program coordinator (i.e. METCO, STS etc..)
2. ☐ Completed the personal statement about why I want to be in ACE (see below) and submitted it to the ACE Program no later than **March 5th** .
3. ☐ 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 April 9th. 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.

This can be emailed with your application to the ACE secretary Chrissy Carruthers at [Christine\_carruthers@psbma.org](mailto:Christine_carruthers@psbma.org) or turned into the ACE office, room 257.

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 September, 2020

Dean Approval Comment

Counselor Approval Comment

Program Coordinator Comment

(STS, METCO, AALSP etc.)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY**  **(remote**) | **THURSDAY** | **FRIDAY** |
| **A1   8:20 - 9:40** | **E1   8:20 - 9:40** | **A2 8:20-8:45** | **A3   8:20 - 9:40** | **E3   8:20 - 9:40** |
| **B1   ACE Class 1**  **9:55 – 11:15** | **T1 ACE Advisory**  **9:55 to 10:30** | **B2   ACE Class 1**  **8:55-9:20** | **B3   ACE Class 1**  **9:55 – 11:15** | **T2 ACE Advisory**  **9:55 to 10:30** |
| **X (10:40 to 11:15)** | **C2   ACE Class 2**  **9:30-9:55** | **X/SEL**  **(10:40 to 11:15)** |
| **LUNCH 1**  **11:30-12:00** | **LUNCH 1**  **11:30-12:00** | **D2   Academic Achievement/ Learning Center**  **10:05-10:30** | **LUNCH 1**  **11:30-12:00** | **LUNCH 1**  **11:30-12:00** |
| **C1   ACE Class 2**    **12:05-1:25** | **F1   ACE CLASS 1**    **12:05-1:25** | **C3   ACE CLASS 2**    **12:05-1:25** | **F3   ACE CLASS 1**    **12:05-1:25** |
| **E2  10:40-11:05** |
| **D1**  **Academic Achievement & Learning Center**    **1:40 – 3:00** | **G1   ACE Class 2**    **1:40 – 3:00** | **F2  11:15 11:40**  **ACE office hours by appt.** | **D3**  **Academic Achievement & Learning Center**    **1:40 – 3:00** | **G3   ACE Class 2**    **1:40 – 3:00** |
|  |

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**ACE ADMISSIONS: PERMISSION TO MISS CLASS**

STUDENT NAME: DATE:

STUDENT ID #:

**This form should be turned into ACE office 257 on the date of class visit.**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Teacher comments: