STUDENT ENROLLMENT FORM
Darnell-Cookman Middle/High School
School of the Medical Arts

Student # _____
Soc Sec # _____
GR _____ Date Entered_____
Primary Language in Home _____
___ Proof of Address ___ Full Immunization
___ Birth Certificate ___ Medical/Religious Exemp
Health Physical ___ Yes ___ No

Student's Legal Name _____
Last First Middle
Home Address _____ Phone _____
Street Apt #
Date of Birth_____ Place of Birth _____ Age _____
Month Day Year City State
Sex: Male ___ Female ___ Student's Social Security Number _____
Race/Ethnic: White___ Black___ Hispanic___ Asian___ American Indian___ Multi-racial___ Other _____
Student Lives With: Both Parents ___ Mother ___ Father ___ Stepmother ___ Stepfather___ Other _____

PARENT INFORMATION

Father/Stepfather's Name _____ Occupation_____
Business Address _____Phone _____
Mother/Stepmother's Name _____ Occupation _____
Business Address _____ Occupation _____
Is either parent employed on Federal Property? Yes___ No ___ Armed Forces? (Branch) _____

SCHOOL INFORMATION

Has student ever been expelled from school? No ___ Yes ___ Year _____ Name of School _____
Has student ever had an arrest resulting in a charge? No ___ Yes ___ City/State _____
Has student ever had any encounter in which the juvenile justice system was involved? No___ Yes ___
City/State_____

EXCEPTIONAL EDUCATION

Has student ever been enrolled in any of the following classes?
Gifted ___ SLD ___ EH ___ EMH ___ Speech ___ Language ___ TMH ___
Visually Handicapped ___ Hearing Impaired ___ Physically Handicapped ___ Other ___
Does the student have a Section 504 Plan? Yes ___ No ___

EMERGENCY INFORMATION

In case of accident or illness and you can not be reached, who should be notified?
Name _____Phone # _____ Work # _____
Name _____Phone # _____ Work # _____
Physician _____ Dentist _____ Hospital _____
Health Problems _____
PARENT/GUARDIAN SIGNATURE _____ DATE _____