THE DOWNTOWN MIDDLE SCHOOL
STUDENT ENROLLMENT APPLICATION
2009-2010 SCHOOL YEAR

_____ Grade applying for Date of Application: _____

_____ Check if applicant **already has a sibling** at DTMS Sibling's Name: _____

PLEASE NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH STUDENT.

Student's Full Name: _____ Sex:_____ Race: _____

Social Security No.:_____ Date of Birth: _____/_____/_____ Home Phone: _____

Address: _____City:_____ Zip:_____

Email address:_____ County of Residence: _____

School Now Attending:_____

Does the student fluently speak any language other than English? ____Yes ____No *(Do not include foreign languages studied in school.)*

Is student receiving special services? _____No _____Yes:
(Check One) ___504 ___Speech ___LD (Learning Disabled) ___ID (Intellectual Disability—EMD)
___OHI (Other Health Impaired) ___Other:_____

Father's Name:_____ Mother's Name:_____

Place of Employment:_____ Place of Employment:_____

Employer's Address:_____ Employer's Address:_____

Work Phone No.:_____ Work Phone No.:_____

If parents are divorced, who has custody? ____Mother ____Father ____Joint

If either parent has a different address/home phone number from student's, please indicate below:

Father:____ Mother:____ Address:_____ Phone:_____

I (We) will be Parent Partners and volunteer in the school an average of one hour per week per child.

_____ _____
Parent Signature Parent Signature

How did you learn about The Downtown Middle School? _____

*Why did you choose The Downtown Middle School?*_____

RETURN APPLICATION TO

The Downtown Middle School
280 South Liberty Street
Winston-Salem, NC 27101
Phone: 336-748-3838
Fax: 336-748-3359
www.dtms.org

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED