



# The Denver Street School

# Student Enrollment Application

Name: \_\_\_\_\_  
Last First Middle M  
F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

How many people live in your home? \_\_\_\_\_ Do you need nursery services at school? \_\_\_\_\_

Primary language: \_\_\_\_\_ Secondary language: \_\_\_\_\_ Proficiency: \_\_\_\_\_

### Student Contact Information:

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Family Contact Information:

Primary Daytime Contact

#### Mother

#### Father

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Access to Records: Y N

Legal Access to Records: Y N

### Other Contact Information:

Name

County/Agency

Phone

Social Worker: \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_

Diversion Officer: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Other: \_\_\_\_\_

# Medical & Psychological Self-Report

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you wear glasses or contacts? **Y N** Do you wear a hearing aid? **Y N**

Identify all illnesses or disorders you have been officially diagnosed with at any time in your life:  None

|   |  |   |  |
|---|--|---|--|
| <input type="radio"/> Asthma            | <input type="radio"/> Conduct Disorder | <input type="radio"/> Anxiety Disorder      | <input type="radio"/> ADD/ADHD             |
| <input type="radio"/> Tuberculosis      | <input type="radio"/> Depression       | <input type="radio"/> Schizophrenia         | <input type="radio"/> Learning Disability  |
| <input type="radio"/> Hepatitis         | <input type="radio"/> Bipolar Disorder | <input type="radio"/> Oppositional Defiance | <input type="radio"/> Emotional Disability |
| <input type="radio"/> Seizure Disorders | <input type="radio"/> Borderline       | <input type="radio"/> Eating Disorders      | <input type="radio"/> Hearing Disability   |

List and describe other medical or psychological concerns or conditions not identified above.

List all allergies that you have:

No Allergies

List all medications you are currently taking or supposed to be taking (including *as needed* medications):

I have no prescription medications

| Medication | Dose | For Condition... | Taken at School? | Side Effects | NA |
|------------|------|------------------|------------------|--------------|----|
|            |      |                  | Time:            |              |    |
|            |      |                  | Time:            |              |    |
|            |      |                  | Time:            |              |    |
|            |      |                  | Time:            |              |    |

Name

Phone

Address

Local Doctor: \_\_\_\_\_

Counselor or Psychologist: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Emergency Contact: (non-parent) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*The Denver Street School may, at my child's request, provide Acetaminophen as needed without further parental permission.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*In the event that no parent or emergency contact can be made, I give permission for my child to receive necessary emergency medical treatment.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*I understand that all prescription medication brought to school must be held in the principal's office (except Asthma inhalers).*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Educational Self-Report

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**School History** (in order) Last Grade Completed Successfully: \_\_\_\_ at \_\_\_\_\_.

| Elementary Schools Attended | Grades | How well did you do academically? Any significant events? |
|-----------------------------|--------|---|
|                             |        |   |
|                             |        |   |
|                             |        |   |
| Middle Schools Attended     | Grades | How well did you do academically? Any significant events? |
|                             |        |   |
|                             |        |   |
|                             |        |   |
| High Schools Attended       | Grades | How well did you do academically? Any significant events? |
|                             |        |   |
|                             |        |   |
|                             |        |   |

**Rate your skill level for these areas as follows: Terrible ① to Excellent ⑤**

|  |  |  |
|--|--|--|
| Multiplication Facts      ①②③④⑤                    | Spelling                      ①②③④⑤                      | Pay attention in class      ①②③④⑤          |
| Multiplication              ①②③④⑤                  | Reading                      ①②③④⑤                       | Complete homework      ①②③④⑤               |
| Long division                ①②③④⑤                 | Reading comprehension    ①②③④⑤                           | Organization                ①②③④⑤          |
| Fractions                      ①②③④⑤               | Punctuation                ①②③④⑤                         | Compliance                ①②③④⑤            |
| Decimals                      ①②③④⑤                | Organized writing            ①②③④⑤                       | Arrive at class prepared   ①②③④⑤           |
| Solving for x<br>3x - 4 = 11    x = ___      ①②③④⑤ | Do you think you have a<br>strong vocabulary?      ①②③④⑤ | Are you a<br>motivated learner?      ①②③④⑤ |

Have you *EVER* received services from a Special Education Department at any time during your schooling?    **Y**   **N**  
Describe why you received these services, and how helpful you feel they were.

List the things that have prevented you from performing to your potential in school:

- |   |   |   |
|---|---|---|
| ♦ | ♦ | ♦ |
| ♦ | ♦ | ♦ |
| ♦ | ♦ | ♦ |
| ♦ | ♦ | ♦ |

Have you learned to use any strategies that help these things be less of a barrier to your learning?

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Have you ever been out of school for an extended amount of time? If yes, explain:

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Under what conditions did you leave your last school? What is your status?

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What things could *you* have done to make the situation more successful for yourself?

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Why will your experience at the Denver Street School be different than your past struggles?  
How will your choices and behavior reflect your decision to make a fresh start at the Denver Street School?

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What support systems do you and/or family have that you can trust? (coach, church, family friends, etc.)

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The Denver Street School admits students of any race, color, sexual orientation, and national or ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to the students at this school. It does not discriminate on the basis of race, color, sexual orientation, and national origin in the administration of its educational policies and other school administrative programs.

*I affirm that I have completed this form with accurate and complete data, omitting no requested information.*  
(Please complete the Medical and Psychological Self-Report on the other side of this page before signing)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_