



WINSTON-SALEM

STREET SCHOOL

630 West 6th Street, Suite 101
Winston-Salem, North Carolina 27101

ph: (336) 721-1110
wsstreetschool.com

Student Application

GENERAL INFORMATION

Date _____

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Home Phone _____ Student's Cell _____

Mother's Name _____ Father's Name _____

Mom's Telephone _____ Father's Telephone _____

Guardian's Name _____ Guardian's Telephone _____

Parent/Guardian Email _____

PERSONAL INFORMATION

Birth Date _____ Age _____ Male/Female (Circle One)

Social Security Number _____

Last School Attended _____ Last Grade Attended _____

Free or Reduced Lunch _____ Yes / No

IEP _____ Yes / No

Driver's License _____ Yes / No

Probation Officer _____ Yes / No

DSS Worker _____ Yes / No

Do you know Multiplication Facts? _____ Yes / No

Do you understand what you read? _____ Yes / No

Best Subjects _____ Most Difficult Subjects _____



Do you have any other community supports such as an advocate, mentor, "Big Brother/Big Sister", pastor?

Name _____ Organization _____ Phone _____

Are you currently employed? Yes / No Employer _____

Are you currently pregnant? Yes / No Do you have any children? Yes / No

If yes, list names & birth dates below:

Child 1 Name _____ Birthdate _____

Child 2 Name _____ Birthdate _____

Do you share a household? Yes / No

If yes, list names and relationship of all those who live with you:

FAMILY INFORMATION

Parents/Guardian's Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Parent/Guardian Employer _____

Employer Contact Name _____ Phone Number _____



MEDICAL INFORMATION

Conditions at Birth _____ Serious Accidents _____

Serious Illnesses _____ Allergies _____

Prescription Drugs _____ Other _____

Name of Doctor/Clinic _____ Phone Number _____

Emergency Contact (When a parent/guardian can't be reached in the case of emergency)

Name _____ Relation _____ Phone Number _____

SIGNATURE REQUIRED IF STUDENT IS LESS THAN 18 YEARS OLD

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____



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

UNOFFICIAL TRANSCRIPT RELEASE FORM

As a parent or legal guardian of the student, I freely give my consent to release information to:

Last Name

First Name

Middle Initial

DOB

Information released by:

Name of School or Institution

Consent
Granted

Consent NOT
Granted

Type of information to be released:

☒

Official permanent record: achievements/attendance/scores

☒

Health data: immunizations, hearing/vision reports

☒

Psychological evaluations / qualifications for EC courses

☒

Special ED/IEP

☒

Teacher/Counselor observations and ratings

-

Parents/Guardians please sign below if student is under 18 years old.

Signature of student

Date

Signature of parent/guardian

Date