



Darlington School

Summer Programs Registration

Please
Attach
Photo

A

PARTICIPANT'S INFORMATION

Name: _____ ☐ MALE ☐ FEMALE

PREFERRED NAME

Grade beginning August: _____

GRADE / YEAR

E-mail address: _____ Social Security Number: _____

(U.S. CITIZENS ONLY)

Date of birth: _____ City and country of birth: _____

MONTH / DAY / YEAR

Present school: _____ Present grade: _____

PRESENT SCHOOL'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

If you have taken the TOEFL, what was your score? _____

Country of citizenship: _____ Principal language, if other than English: _____

FAMILY INFORMATION

☐ FATHER ☐ STEPFATHER ☐ GUARDIAN ☐ MOTHER ☐ STEPMOTHER ☐ GUARDIAN
(RELATIONSHIP) (RELATIONSHIP)

☐ DR. ☐ MR. _____ ☐ DR. ☐ MRS. ☐ MS. _____
FULL NAME FULL NAME

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ HOME PHONE _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

Do you have any Georgia relatives? _____
IF YES, PLEASE LIST

How did you learn about Darlington? _____

Key factors influencing your registration for this summer program? _____

Darlington School does not discriminate on the basis of race, religion, gender, or national or ethnic origin in the education program, admission, policies, scholarship, or any other activities of the School.



Medical Information

Participant's name: _____

MEDICAL INFORMATION

Can the participant be involved in organized team sports? ☐ YES ☐ NO Student's height: _____ Weight: _____

Is the participant currently taking any prescribed medications? ☐ YES ☐ NO
If yes, please list and describe the purpose of the medication(s). _____

Has the participant undergone any other medical treatment about which the school should be aware? ☐ YES ☐ NO
If yes, please give reasons and type of treatment. _____

We are pleased that you are applying to the Darlington School's Summer Programs. What do you want to experience and accomplish while you are at Darlington? Attach an additional sheet of paper if necessary. _____

Our signatures below confirm that all information given on this registration form is correct to the best of our knowledge.

CUSTODIAL PARENT'S SIGNATURE

DATE

CUSTODIAL PARENT'S SIGNATURE

DATE

LEGAL GUARDIAN'S SIGNATURE

DATE

PARTICIPANT'S SIGNATURE

DATE