

# QUITMAN COUNTY EDUCATIONAL FOUNDATION

DbA

## Delta Academy

Scholarship - Character - Citizenship

P.O. Box 70  
1150 Riverside Drive  
Marks, Mississippi 38646-0070  
Phone (662) 326-8164 Fax (662) 326-8164  
Raiders@DeltaAcademy.org

## APPLICATION FOR ADMISSION

**Directions:** Complete and return 1) this application, 2) copies of your student's previous transcripts, 3) a copy of your student's birth certificate, 4) a copy of your student's immunization record, 5) a copy of your student's social security card and 6) a nonrefundable processing fee of \$25.00 to the school office or mail them to the address above.

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STUDENT'S NAME

Applying for:

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GRADE

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SCHOOL YEAR

# APPLICATION FOR ADMISSION

## A: Applicant Data

Name \_\_\_\_\_  
Last First Middle

Child's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## B: Family Data

**Father:** \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_  
Street City State Zip

Business or Profession: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

**Mother:** \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_  
Street City State Zip

Business or Profession: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

(If the parents are separated or divorced or if the student resides with a legal guardian, Please complete C below.)

## C: Additional Family Data

If separated or divorced, with which parent does the child reside? \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(If different from section B above, please complete the following:)

Address: \_\_\_\_\_  
Street City State Zip

Business or Profession: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

## D: Current School Information

Current School: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade Completed or Enrolled in: \_\_\_\_\_

Counselor/Headmaster's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## E: Personal Information

List any musical, artistic, athletic, leadership or other extracurricular abilities and awards or special recognition received in these areas:

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# HAS THE APPLICANT:

1) ...ever received or is currently receiving professional counseling related to his/her academic, physical, social or emotional needs? (The information provided by your answer to this question and question #2 below will help us better serve your child's needs.)

\_\_\_\_\_YES \_\_\_\_\_NO

2) ...previously or does he/she currently take any prescribed medication for his physical or emotional needs?

\_\_\_\_\_YES \_\_\_\_\_NO

3) ...ever been suspended, dismissed or expelled from school?

\_\_\_\_\_YES \_\_\_\_\_NO

4) ...ever been charged with a criminal offense?

\_\_\_\_\_YES \_\_\_\_\_NO

5) ...ever tested positive for drugs?

\_\_\_\_\_YES \_\_\_\_\_NO

6) ...ever repeated any grades?

\_\_\_\_\_YES \_\_\_\_\_NO

7) Does the applicant have any special educational needs that the school would need to provide?

\_\_\_\_\_YES \_\_\_\_\_NO

**IF you answered YES** to any of the above questions, please reference the question number and provide a brief explanation below:

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## REFERENCES:

Please list three people, other than current teachers or relatives, who know your child well and who would be willing to be interviewed on your child's behalf by a representative of the school.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please attach two letters of reference from adults other than family members and the references listed above.**

## PARENTAL STATEMENT REQUIRED:

On a separate sheet of paper, please share any additional information which may assist in our understanding of the applicant's special needs as well as your concerns and educational objectives. Also, we would like to know of any unique talents, interests, extracurricular experiences or skills the applicant might bring to the Delta Academy community.

## TESTING:

Delta Academy requires each applicant to take an entrance exam that has been prepared by the school. An individual exam has been prepared for each grade level, and you must arrange in advance for your child to take the test during a visit to Delta.

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**Neither submitting nor receiving an application constitutes a commitment by either Delta Academy or the undersigned.** This application may only be submitted by the custodial parents or the legal guardian of the applicant. It is understood that parents or guardians assume the responsibility for payment of all fees applicable to each year their child is enrolled. The signatures below also certify that the applicant is of good character and agrees to abide by the rules and regulations of the school.

Furthermore, your signature authorizes Delta Academy to contact your child's current school to obtain teacher evaluations, recommendations, achievement tests, attendance and behavioral records, aptitude test results, transcripts and any additional information which will assist Delta Academy in its evaluation of your child.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN DELTA ACADEMY!**

### **Accredited by MPSA**

Delta Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

## **GRADES 7-12 ONLY:**

Prior to admission, I agree to have my child tested for drugs by a company designated by or approved by the school. I also understand that the failure of my child to pass this drug test will disqualify him/her from consideration for admission to Delta Academy.