

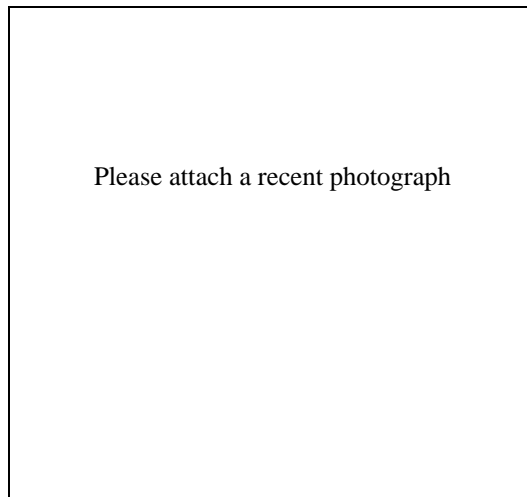
Delphi Academy

11341 Brainard Avenue – Lake View Terrace – CA – 91342 (T)818-583-1070 (F)818-583-1082

APPLICATION FOR ADMISSION

Dear Parents and Applicant:

Since Delphi students are all on highly individualized programs, it is generally possible for qualified students to begin their programs at any point in the year, provided space is available. Priority is given to those eligible students first completing the full application procedure below.



APPLICATION PROCEDURE

Application Form: Applicant should carefully complete Part A in his or her own handwriting (the parent may help); both parents should complete Part B and insure Part A is complete. Please attach a recent photograph.

Application Fee: After completing the application, please return it along with the non-refundable \$100 application fee.

To Secure Applicant's Place: A non-refundable tuition deposit of \$350 is required to secure a place in the school.

Report Cards: If the applicant has been enrolled in a school, provide copies of the most recent year's report cards.

Letters of Recommendation: Please give the recommendation forms to three individuals who know the applicant well and can comment on his/her academic performance. Teachers familiar with his/her English and mathematics basics should be included if at all possible. Completed recommendations should be mailed or faxed directly to Delphi Academy.

Enrollment Forms must be completed and returned to the school prior to enrollment, along with a copy of the student's immunization records.

Interview: All applicants receive personal interviews and testing prior to acceptance and enrollment.

Delphi Academy admits students of any race, color, and national or ethnic origin.

9. **Writing Sample:**

Please choose one of the following topics to write about. On a separate sheet of paper, write about it as much as you like. We would like you to write 100 words or more (younger applicants may write as much as they are able).

- A. If you could take a month out of the year to do whatever you want, describe in detail what you would do and why.
- B. Tell us about a favorite book, piece of music, film, or hobby and what you enjoy about it and why.
- C. Write about a current world event in detail covering what you feel is important about it and why.

10. The Delphi spirit is based on integrity, honesty, trust, responsibility and open communication. Please write a statement in your own words that shows that you have read and understood the Student and Parent Handbook and agree to abide by the rules and principles therein. (Younger students should show that they have gone over it with an adult and understand these important points.)

Signature of Applicant

Date

FAMILY INFORMATION

FATHER

MOTHER

_____	Name	_____
_____	Home Address	_____
_____ Zip		_____ Zip
(____) _____	Home Phone	(____) _____
(____) _____	Cell Phone	(____) _____
_____	Work Address	_____
_____ Zip		_____ Zip
(____) _____	Work Phone	(____) _____
_____	Occupation	_____
_____	Age	_____
_____	Highest Education Level	_____
_____	Income Bracket	_____
_____	Email address	_____

If parents are separated or divorced, with whom does the applicant reside? _____

Who has legal custody? _____

Applicant's brothers and sisters:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____

Part B – Parental Questionnaire and Confidential Preliminary Health Report

1. What would you like to see your child accomplish through his or her education at Delphi Academy?

2. Which of your child’s qualities do you respect and admire most?

3. In extracurricular activities does your child generally continue with his or her interests once begun?

4. How does your child usually spend his or her free time?

5. Is there an area of potential in your child that you would especially like developed further?

6. Are there any academic areas or areas of personal development in which you would particularly like to see your child improve?

7. What types of things upset your child?

8. Describe briefly the relationship of your child to each parent.

If the answer to any of the following questions is yes, please explain in full detail on a separate sheet of paper:

9. Has your child ever had physical, mental, emotional, scholastic, or disciplinary difficulties? ___yes ___no
10. Has he or she ever been prescribed medicine for a learning disability or hyperactivity? ___yes ___no
11. Are there any restrictions regarding his or her physical activities? ___yes ___no

I certify that the above is complete and true and that the applicant is a normal child who is a safe companion for other children.

Signature of Parent or Guardian with Legal Custody

Date

Signature of Parent or Guardian with Legal Custody

Date