

Delphi Academy

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

Enrollment Forms

1. MEDICAL HISTORY FORM AND CONFIDENTIAL HEALTH REPORT

Student Name: _____

Sex: _____ Date of Birth _____ Place of Birth _____

Has the student had any of the following (check yes or no and if yes, indicate the year):

	<i>Yes</i>	<i>No</i>	<i>Year</i>		<i>Yes</i>	<i>No</i>	<i>Year</i>
Appendicitis				Chronic cough			
Thyroid trouble				Hernia (rupture)			
Foot trouble				Epilepsy or convulsions			
Eye diseases				Ear trouble			
Throat trouble				Nose trouble			
Frequent colds				Sinus trouble			
Bone or joint deformity				Stiffness of joints			
Heart disorders				Stomach trouble			
Severe tooth trouble				Speech difficulties			
Strep throat				Frequent nose bleeds			
Diabetes				Asthma, hay fever, allergies			
Pain or pressure of chest				Frequent indigestion			
Arthritis, rheumatism				Pneumonia			
Pleurisy				Cramps in legs			
Swollen or painful joints				Tumor or cyst			
Bone infection				Nervous disorders			
Piles or rectal disease				Kidney or bladder disease			
Frequent headaches				Dizziness or fainting spells			
Jaundice				Hearing impairment			
Tonsillitis				Frequent nausea/vomiting			
Fracture/broken bones				Surgery or operations			

Infectious disease history (Insert dates when student had any of the following diseases):

<i>Disease</i>	<i>Year</i>	<i>Disease</i>	<i>Year</i>
Measles		Mumps	
Chickenpox		German Measles	
Poliomyelitis		Rheumatic Fever	
Whooping Cough		Tuberculosis	
Typhoid		Diphtheria	
Malaria		Infectious Mononucleosis	
Venereal Disease		Scarlet Fever	
Meningitis		Hepatitis	
HIV		Other:	

2. MEDICAL RELEASE

In the case of illness accident or similar emergency, Delphi or any authorized agent thereof is authorized to seek and obtain medical care or treatment for my child, and may authorize any physician, hospital or medical institution to render the necessary care.

I, the undersigned parent or guardian, authorize any emergency medical or surgical treatment to be given to my child _____. Further, I guarantee coverage of costs for any such treatment rendered.

Signature of parent or legal guardian_____Date_____

Signature of parent or legal guardian_____Date_____

Signature of Witness_____Date_____

3. INSURANCE INFORMATION

Is your child currently covered by any form of comprehensive health, medical or accident insurance? _____ If yes:

Name of Insurance Company_____

Address_____

Policy Number_____ Extent of Coverage:

Policy Holder's Name_____

Social Security Number_____ Relationship to Child_____

Please attach a photocopy of the insurance card.

4. ENROLLMENT TERMS

In the best interests of Delphi Academy and my child _____, we, the parents or legal guardians of the child, agree to the following:

1. We consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to our child at our expense upon the advice and under the general or special supervision of a physician, surgeon or dentist licensed under the provisions of applicable medical practice laws.
2. We assume responsibility for any acts of our child during any field trip or school outing, and will indemnify (reimburse or repay for any loss incurred) and hold harmless Delphi Schools, Inc., Delphi Academy, its employees and volunteers from any claims of any person arising from our child's acts. "Field trip or outing" includes period of travel time to and from the school.
3. We give our permission for the student to participate in the following activities that may have some inherent risk. We understand that neither Delphi Schools, Inc., Delphi Academy, nor any of its employees, students or volunteers shall be liable to us or our child for any claim arising out of these activities, such claims being hereby waived, and that we will indemnify and hold harmless Delphi Academy and its employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of our child during these activities:
 - a. Interscholastic or intramural sports
 - b. Field trips, outings, students riding in school or staff/volunteer vehicles
 - c. Apprenticeships, classes, or activities

- d. Horsemanship programs or riding
4. We, and our child, agree to support the school by adhering to procedures and rules set forth in the Student and Parent Handbook.
 5. We understand that Delphi has the right to refuse any applicant or to dismiss any student misrepresented during enrollment or whose conduct or influence is unsatisfactory or is, in the opinion of the school, not in the best interests of the school.
 6. We understand that the school has access to all lockers and belongings at any time for the purpose of inspection.
 7. We understand that students are responsible for their belongings and that while the school makes every effort to care for the property of its students, it does not consider itself liable for any loss that may occur.
 8. We hereby give our permission to Delphi Schools, Inc., Delphi Academy, and its authorized persons to use pictures of student or to use written materials, in whole or in part, or to summarize the contents of the materials written by student in promotional material of the school.
 9. Student records are maintained for each child attending Delphi Academy in accordance with state and federal law. All student records maintained by the school shall be made available for inspection by the student's parents or legal guardians.
 10. We have read and agree to the terms of the school's accident insurance and understand it does not cover illness expenses and that if we have other group insurance and if our bills exceed \$100 we must file our claim with our primary insurance company first.

Signature of parent or legal guardian _____ Date _____

Signature of parent or legal guardian _____ Date _____

5. CUSTODIAL FAMILY INFORMATION

If parents are divorced or separated, do you, as the custodial parent, want the other parent to receive copies of student progress reports and other school mailings? Yes _____ No _____

If yes, please give the name and address of the other parent:

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email address _____

Custodial Parent Signature

Date

6. GENERAL INFORMATION

Does your child have any physical handicaps? If yes, please explain:

Has his or her school attendance ever been interrupted for a period of a month or more due to medical reasons? If yes, please give approximate dates and details:

Has your child ever received surgery? If yes, please explain:

Is your child currently under medical treatment? If yes, please give reasons, medications prescribed and name and address of doctor(s) rendering treatment:

Has your child ever been treated by a psychiatrist or psychologist? If yes, please indicate inclusive dates of treatment, including name and address of physician and type of treatment received:

Has your child ever attempted suicide? If so, please give details:

Has your child ever used marijuana, LSD, barbiturates, or used or been prescribed any other psychedelic or psychotropic drugs? If yes, please give complete details:

Approximately how many days was your child absent from school during the last school year?

Date of last dental check: _____ Date of last physical check by doctor: _____

Dental health: Excellent _____ Fair _____ Poor _____

Physical health: Excellent _____ Fair _____ Poor _____

7. WAIVER FOR STUDENTS DRIVING CARS/BEING PASSENGERS IN PRIVATE VEHICLES

I/We understand Delphi Academy of Los Angeles neither encourages nor discourages the activity of my/our child driving or being a passenger in a private vehicle while going to and from Delphi Academy of Los Angeles.

I/We understand that neither Delphi Schools, Inc, the Delphian School, Delphi Academy nor any of its employees or volunteers shall be liable for my child being a driver or being a passenger in a private vehicle while traveling to or from the school.

I hereby indemnify and save harmless Delphi Schools, Inc., the Delphian School, Delphi Academy, its employees and volunteers from all liability for any and all claims, including those of all other persons, as a result of my/our child driving or being a passenger in a private vehicle traveling to and from the school.

Signature of Parent/Legal Guardian Date

Signature of Parent/Legal Guardian Date

Witness Date

8. NON-PRESCRIPTION MEDICINES DESIGNATION FORM

In caring for your child, our First Aid Office follows general guidelines which may include dispensing certain non-prescription medications for simple illnesses and body conditions. Sometimes parents have specific preferences with regard to these so please indicate your instructions for us in this matter.

Special requests:

Parent signature: _____

Parent signature: _____

9. EMERGENCY PHONE NUMBERS:

Mother Home () _____ Work () _____

Cell () _____

Father Home () _____ Work () _____

Cell () _____

In case of emergency and you can't be reached, who should be contacted?

Name: _____ Relationship: _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Name: _____ Relationship: _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Name: _____ Relationship: _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Name: _____ Relationship: _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____