



Delphi Academy® of Los Angeles

Summer 2020

For a great summer of fun and learning!

Summer Application for International Students

Name of Applicant _____ English Name _____

Date of Birth ____/____/____ Age when starts program: _____ Current grade level _____

Current School (Name/City/Country) _____

How did you hear about Delphi Summer Program? _____

CONTACT INFORMATION:

Parents' Names: _____

Address: _____

City/State/Zip/Country: _____

Home Phone: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Work: _____ Dad's Work: _____

Mom's Email: _____ Dad's Email: _____

Local Guardian's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Guardian's Home Phone: _____ Guardian's Email: _____

Guardian's Cell: _____ Guardian's Work: _____

Please check all the weeks your child will be attending:

- | | |
|---|--|
| <input type="checkbox"/> June 15 — June 19 | <input type="checkbox"/> July 13 — July 17 |
| <input type="checkbox"/> June 22 — June 26 | <input type="checkbox"/> July 20 — July 24 |
| <input type="checkbox"/> June 28 — July 2 * | <input type="checkbox"/> July 27 — July 31 |
| <input type="checkbox"/> July 6 — July 10 | |

* We will be closed on Friday, July 3rd, in observance of Independence Day.

(application continued on reverse)

Summer Program Questionnaire for International Students

1. What do you most want your child to experience at Delphi Summer Camp?
2. Which of your child's qualities do you respect and admire the most?
3. What does your child want to accomplish at Delphi Summer Camp?
4. How many years has your child studied English? _____

English Requirement: A strong level of conversational English, in speaking and in listening and understanding, is required for students at Delphi Academy English Immersion Camp. The parent must attest to this, below:

I attest that my child has a strong ability to speak, listen and understand the English language.

Signature of Parent

Date

If the answer to any of the following questions is "yes" please explain in full on separate sheet of paper.

1. Has your child ever had physical, mental, emotional, academic, or disciplinary difficulties?
Yes / No
2. Has he/she ever been prescribed a medical drug for hyperactivity or study difficulty? Yes / No
3. Are there any restrictions regarding his/her physical activity? Yes / No
4. Does your child have any difficulty speaking, reading or writing in his native language? 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. Delphi Academy reserves the right to dismiss a student if it is believed to be in the best interest of the school and/or the child.

I understand that a one-time application fee of \$100.00, an application form, emergency medical forms and a non-refundable deposit of \$350.00 are required to secure a space for my child. Upon signature of this form I am agreeing to pay all fees for the weeks I have chosen at a rate of \$510 USD per week. No refunds of summer fees or deposits can be made for any reason whatsoever.

Signature of Parent or Legal Guardian

Date

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