



# THE DELPHIAN SCHOOL™

OFFICE OF ADMISSIONS

## APPLICATION FOR ADMISSION SUMMER SESSION

Please attach a  
recent photograph

### RESERVATION DEPOSIT

A \$350 deposit is paid to secure the child's position in the dormitory and classroom. The deposit is credited towards school fees and is repayable at the request of the parents up until two weeks before the scheduled enrollment date after which it becomes non-repayable.

### APPLICATION AND ENROLLMENT PROCEDURE

1. The applying student and parent fill out this application form.
2. The application form is sent to the school along with:
  - A copy of the student's most recent report card
  - A non-refundable \$50 application fee
3. An Admissions Registrar reviews your application and contacts you to arrange your visit to the school for an enrollment interview and admissions testing which are required for enrollment. If your home is a long distance from the school, arrangements can often be made for a phone interview and testing in your area.

### ■ PART A: TO BE COMPLETED BY APPLICANT

Date: \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Present Grade \_\_\_\_\_

Present School \_\_\_\_\_ School's Phone Number \_\_\_\_\_

Applying as ☐ Resident Student ☐ Day Student

Term ☐ 4 Week ☐ 6 Week Enrollment dates: From \_\_\_\_\_ to \_\_\_\_\_

Have you ever attended Delphi's summer session before? ☐ Yes, in \_\_\_\_\_ (give year) ☐ No

From what person or publication did you hear about Delphi?

1. In which academic subjects are you most interested? Why?

2. What do you want to do in life?

3. Are there any subjects in which you feel you need some help? If so, which ones and what do you feel is causing the difficulty?

4. What would you like to accomplish at Delphi? (please be specific)

5. Have you ever ( )skipped or ( )repeated a grade? ☐Yes ☐No

## ■ PART B: PARENTAL QUESTIONNAIRE

1. What would you specifically like to see your child accomplish during his or her stay at Delphi?

Academics-

Personal Development-

Other-

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?

☐Yes ☐No

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

5. We provide transportation to local churches unless the students are off campus on a trip. If you want your child to attend church, be sure to arrange this with your child. Religious preference: \_\_\_\_\_

6. Who may pick up your child from school at any time? List names and relationship with child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**FAMILY INFORMATION (Please print)**

Father \_\_\_\_\_

Mother \_\_\_\_\_

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

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

City/State/Zip/Country \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

FAX Number \_\_\_\_\_

FAX Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Age \_\_\_\_\_ Highest Educational Level \_\_\_\_\_

Age \_\_\_\_\_ Highest Educational Level \_\_\_\_\_

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

Who has legal custody?

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

Please list applicant's brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

If you can't be reached in case of an emergency, who should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**■ PART C: CONFIDENTIAL HEALTH INFORMATION (Please use additional paper for details, as needed)**

1. Does your child have any chronic or recurring illness?

☐Yes ☐No If yes, please explain:2. Does your child have any physical handicaps? ☐Yes ☐No If yes, please give details:

3. Has his or her school attendance ever been interrupted for a period of a month or more for medical reasons?

☐Yes ☐No If yes, please give approximate dates and details:4. Are there any restrictions regarding your child's physical activities? ☐Yes ☐No If yes, please give details:5. Has your child ever been hospitalized? ☐Yes ☐No If yes, please give dates and details:

6. Is your child currently under medical treatment? ☐Yes ☐No

If yes, please give reasons, medications prescribed and names and addresses of doctors rendering treatment:

7. Has your child ever been treated by a psychiatrist/psychologist/counselor? ☐Yes ☐No If yes, please list their name(s) and address(es), type of treatment received and approximate dates and length of treatment:

8. Has your child ever threatened or attempted suicide? ☐Yes ☐No If yes, please give details:

9. Has your child ever used marijuana, LSD or barbiturates? ☐Yes ☐No If yes, please give details:

10. Has your child ever taken or had prescribed any drugs such as Ritalin, Prozac, or any other drug for behavioral, emotional or scholastic reasons? ☐Yes ☐No If yes, please give details:

11. Do you feel that the health of your child is such that he/she can take part in student activities, including physical education? ☐Yes ☐No

12. Has your child had any of the following (check yes or no. If yes, please give date).

YES	NO	YEAR		YES	NO	YEAR	
			chronic cough				asthma
			epilepsy or convulsions				hay fever
			eye diseases				allergies
			ear trouble				arthritis, rheumatism
			throat trouble				pneumonia
			nose trouble				kidney or bladder disease
			frequent colds				frequent headaches
			sinus trouble				dizziness or fainting spells
			heart disorders				fracture/broken bones
			stomach trouble				diabetes
			measles				typhoid
			mumps				diphtheria
			chickenpox				malaria
			German measles				infectious mononucleosis
			poliomyelitis				venereal disease
			rheumatic fever				scarlet fever
			whooping cough				meningitis
			tuberculosis				hepatitis

13. Does your child have a history of any special health problems or needs such as allergies, asthma, special diets, etc.? ☐Yes ☐No If yes, please give details including any specific foods or medicines child is allergic to. You may need to consult with your physician:

14. Our Medical Liaison Office follows guidelines developed by our local physicians in caring for your child. This includes the dispensing of certain non-prescription medications for simple illnesses and body conditions. Parents sometimes prefer not to give medicines to their children. Please indicate below what your preference is in this matter:

A. Tylenol or Advil for pain or fever ☐Yes ☐No

B. Non-prescription cold or cough medicines ☐Yes ☐No

C. Benadryl tablets to relieve itching (for things such as poison oak, hives, chickenpox) ☐Yes ☐No  
Any special requests:

Child's doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Social Security # \_\_\_\_\_ (for medical purposes)

#### ■ PART D: INSURANCE INFORMATION

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

☐Yes ☐No If yes, please give details:

Name of Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_

Extent of Coverage \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

If possible, please enclose an insurance card or photocopy of it.

## ■ PART E: ENROLLMENT TERMS

In the best interest of The Delphian School and my/our child \_\_\_\_\_ (name), the undersigned parent(s) and/or legal guardian of the student agree to the following:

1. Consent to medical care for student:

In the event that a medical or surgical emergency should occur while your child is attending Delphi it is imperative that we have a signed parental authorization on file. Any hospital or medical institution requires parental permission to render the necessary care to a minor patient. Please note that this release must be signed.

In the case of illness, accident or similar emergency, The Delphian School, 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/we consent to any x-ray examination, anaesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the student at my/our expense upon the advice and under the general or special supervision of a physician, surgeon and/or dentist licensed under the provisions of applicable medical practice laws.

2. I/we assume responsibility for any acts of my/our child during any field trip or school outing, and will indemnify (reimburse or repay for any loss incurred) and hold the Delphi Schools Inc., The Delphian School, its employees and volunteers harmless from any claims of any person arising from my/our child's acts. "Field trip or outing" includes period of travel time to and from the School.

3. I/we give my/our permission for the student to participate in the following activities that may have some inherent risk. I understand that neither the Delphi Schools Inc., The Delphian School nor any of its employees, students or volunteers shall be liable to myself or my child for any claim arising out of these activities, such claims being hereby waived; and that I will indemnify and hold harmless Delphi Schools, Inc., The Delphian School 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 my/our child during these activities:

- a. horsemanship program(s) or riding
- b. interscholastic sports
- c. field trips, outings, student riding in school or staff/volunteer vehicles

4. I/we and my/our child agree to support the School by adhering to procedures and rules set forth in the *Student & Parent Handbook*.

5. I/we understand that The Delphian School 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 interest of the School.

6. I/we understand that the School has access to all dormitories and private rooms and belongings at any time for the purpose of inspection.

7. I/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. Publications:

I/we hereby give my/our permission to The Delphian School to use pictures of student or to use written materials, in whole or part, or to summarize the contents of materials written by student in promotional materials of the School.

9. Student records are maintained for each child attending The Delphian School in accordance with state and federal law. All student records maintained by the School shall be made available for inspection by student's parents or legal guardians.

10. Accident Insurance:

I/we have read and agreed to the terms of school's accident insurance (details are enclosed) and understand it does not cover illness expenses and that if I/we have other group insurance I/we must file my/our claim with my/our other insurance company first.

11. I/we have read the Internet Parental Briefing sheet and give permission for my/our child to use the Internet.

**I HAVE ANSWERED THE QUESTIONS HEREIN ACCURATELY AND CERTIFY THAT NO INFORMATION HAS BEEN WITHHELD OR MISREPRESENTED. I UNDERSTAND THAT DISCOVERY OF SUBSTANTIAL FALSIFICATION OR OMISSIONS CAN RESULT IN NO ACCEPTANCE OR IMMEDIATE DISMISSAL.**

The student is a normal child who is a safe companion for other children.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_