

Delta Sigma Theta Sorority, Inc.
St Louis Metropolitan Alumnae Chapter
Educational Development Programs

MEMBERSHIP APPLICATION

COMPLETE APPLICATION PACKAGE

RETURN TO: DST/SLMAC
Post Office Box 12471
St. Louis, MO 63132-0171

******If you are not accepted into the program, your application fee will be returned******

If you have any questions, please contact Mrs. Kendra Neely-Martin at 314-220-8779

NOTE: One Scholarship per family available upon approval.

PERSONAL INFORMATION

Please print:

Last Name _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Age: _____ Grade Level: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone _____ Cell Phone: _____ E-mail Address: _____

MEDICAL INFORMATION

Emergency Contact Person: _____

Relationship to Participant: _____ Phone: _____

Does your child have any health concerns that would prohibit her from participating in any activities?

Circle one: Yes No If yes, please explain _____

Doctor's Name and Contact Information: _____

Any Medications your child is taking: _____

SCHOOL INFORMATION

Name of School: _____

Location of School: _____

Strongest Academic Subject(s): _____

Weakest Academic Subject(s): _____

Honors and Awards (including Honors/AP Classes): _____

Career Goal(s): _____

TELL US MORE ABOUT YOU

List all non-school related organizations and clubs to which you belong: _____

List the community service projects in which you participated during the school year:

List the extra-curricular school activities in which you participated during the school year:

What are your hobbies? _____

List your special talents and skills: _____

What, if anything, would prevent you from fully participating in Delta Academy Saturday programs?

How did you hear about Delta Academy? _____

PARENT/GUARDIAN INFORMATION

Please print:

Mother's Name: _____ Father's Name: _____

Guardian's Name: _____

Home Phone Number: _____ Best time to call (__Morning, __Afternoon, __Evening)

Mother's Work Number: _____ Cell Phone Number: _____

Father's Work Number: _____ Cell Phone Number: _____

Guardian's Work Number: _____ Cell Phone Number: _____

E-mail Address to Receive Parent/Guardian Communication: _____

*** REPORT CARD: A copy of the most recent report card MUST be attached:**

I affirm that all statements made in this application are true.

(Applicant's Signature) _____ (Date)

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PARENTAL/GUARDIAN CONSENT/AGREEMENT FORMS

Applicant's Last Name: _____ First Name: _____ Middle Initial: _____

PARENT PERMISSION, AUTHORIZATION AND RELEASE

My daughter _____ has my permission to participate in all activities organized by or through Delta Sigma Theta Sorority, Inc. St. Louis Metropolitan Alumnae Chapter's Educational Development Programs.

I grant permission to use images of my child and other photographic records (website, newsletter, flyers) for promotional purposes without recourse or compensation.

I hereby release Delta Sigma Theta Sorority members, its staff and its volunteers from legal liability for any injury to my child or damage to property not caused by gross acts of negligence.

Please print:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

PARENT/GUARDIAN AGREEMENT

In order for Delta Academy to run more effectively and efficiently, Delta Sigma Theta Sorority, Inc. St. Louis Metropolitan Alumnae Chapter and the Delta Academy Committee require this agreement with parents/guardians.

Your signature below confirms agreement:

- To participate in Parent/Guardian Group sponsored activities.
- To provide or arrange transportation for your daughter to arrive at events at the times specified in notices.
- To provide or arrange transportation for your daughter to be picked up no later than 15 minutes following the end of an event or the posted time of dismissal. After the expiration of this time period, you release the Delta Sigma Theta Sorority, Inc. St. Louis Metropolitan Alumnae Chapter and the Delta Academy Committee from any and all responsibility or liability for your daughter.

Parent/ Guardian Name: (Please Print) _____

Parent/Guardian Signature: _____ Date _____

NOTE: All forms must be completed, signed and dated for your daughter to participate.