

**Delta Charter School, MST**  
**300 Lynwood Drive**  
**Ferriday, La. 71334**  
**Phone: (318)-757-3202 Fax: (318)-757-6497**

Parents:

On behalf of Delta Charter School, MST, its Board of Directors, faculty, and staff, we want to thank you for your interest in our school. Delta Charter School is a public charter school. At Delta Charter School, we are committed to providing a first-class education for our students. The open enrollment period for the 2021-2022 school year is Monday, March 22, 2021 through Thursday, May 6, 2021.

**To apply for the 2021-2022 school year, please complete the attached application and return it by Thursday, May 6, 2021.**

Sincerely,

Monica Miller  
Central Office Administrator

**Applications may be picked up in person in the front office at the school or downloaded at: [www.deltacs.org](http://www.deltacs.org)**

Delta Charter School Office: 300 Lynwood Drive  
Ferriday, La. 71334

Office hours:  
Monday-Friday 8:00 a.m. to 3:00 p.m.

**Completed Applications May Be:**

Mailed to or dropped off at: Delta Charter School  
300 Lynwood Drive  
Ferriday, La. 71334

Emailed to: [applications@deltacs.org](mailto:applications@deltacs.org)  
Faxed to: (318)-757-6497 Attn: Mrs. Miller

**Notice of Non-Discrimination Policy**

Delta Charter School of Math, Science and Technology does not discriminate in any form against any student or employee on the basis of race, creed, color, national origin, religion or sex.

**\*\*Please note:** Delta Charter School may continue to receive applications after Thursday, May 6, 2021; however, applications received after the open enrollment period will not be considered in the lottery and applicants will be placed on the waiting list.

\*\*\*\*\*

**Office Use Only: Date Received:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**2021-2022 Enrollment Application**

**PLEASE FILL OUT THE APPLICATION IN ITS ENTIRETY**

**Student Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residing Parish: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male/Female

Circle the grade the above student is applying for in the **2021-2022 school year. (Do not put the grade that they are currently in.)**

K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

**Parent/Guardian Information:**

**Father's Information:**

**Mother's Information:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Email address: \_\_\_\_\_

**\*\*\*Please provide two working numbers, so that you can be contacted with enrollment information.\*\*\***

**Sibling Status:**

Please list the full name and grade (**for the 2021-2022 school year**) for all siblings **that have also applied.** Sibling is defined as related by blood, adoption, or marriage. Whether the children reside in the same household has no bearing on determining if the children are siblings for the sibling preference rule.

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list the full name and current grade of any sibling who **already attends Delta Charter School.**

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Transferring Information of student applying:**

Please choose the Concordia Parish School from which the student will be transferring from. If the student is not transferring from a Concordia Parish School, please fill in the appropriate information.

- Vidalia Lower Elementary
- Vidalia Upper Elementary
- Vidalia Junior High
- Vidalia High School
- Ferriday Lower Elementary
- Ferriday Upper Elem.
- Ferriday Junior High
- Ferriday High School
- Monterey High School
- Concordia Parish Academy (Magnet School)

**If student will be transferring from a school outside of Concordia Parish, please list the name and phone number of the school from which they will be transferring:**

Name of transferring school: \_\_\_\_\_

Phone number of transferring school: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

- You are being asked to identify your student’s demographic information for purposes of applicable state and federal law.
- For a period, racial demographic information will be used for admissions lotteries conducted under the supervision of the federal court relating to certain orders in *Smith v. Concordia Parish*. These orders seek to ensure the admission of a racially diverse student body. If you select Black as your race category, you will be placed into a lottery for Black students (regardless of your ethnicity category). If you select any other racial category, you will be placed into a lottery for other students.
- Once you specify your student’s demographic information, it shall presumptively remain as specified.
- Race and Hispanic ethnicity are considered two different concepts for these purposes.

\* \* \*

Please select **one** ethnicity category and **one** race category for your student.

1. Ethnicity Categories:

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
|---|---|

2. Race Categories:

- |  |  |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or Caucasian                        |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> American Indian                           |
| <input type="checkbox"/> Alaskan Native            | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Two or more races         |  |

Please choose any of the following that are applicable to the above-named student:

- O Is this student eligible to participate in the free/reduced lunch program? \_\_\_\_\_
- O Is this student under the age of 20 and has been withdrawn from school prior to graduation for not less than one semester? \_\_\_\_\_
- O Is this student under the age of 20 and has failed to achieve the required score on any EOC test? \_\_\_\_\_
- O Is this student in the 8<sup>th</sup> grade or below and reading two or more grade levels below their actual grade? \_\_\_\_\_
- O Does this student receive services for a learning disability? \_\_\_\_\_ 504 IAP \_\_\_\_\_ IEP
- O Is this student a mother or father of a child? \_\_\_\_\_

PARENT'S/LEGAL GUARDIAN'S SIGNATURE FOR PARTICIPATION IN THE LOTTERY IS REQUIRED FOR ALL APPLICANTS.

*This is to certify that as the parent or legal guardian of the above-named student, I understand this application is for the lottery and does not guarantee my child will be offered a seat at Delta Charter School, MST.*

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

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