

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 2018-19 school year is Wednesday, May 16, 2018 through Monday, July 16, 2018.

To apply for the 2018-19 school year, please complete the attached application and return it by Monday, July 16, 2018.

If there are available seats for the 2018-19 school year, Delta Charter School will conduct a lottery to fill those seats and will notify parents of selected applicants no later than July 23, 2018.

Sincerely,

Monica Miller
Operations Administrator

Applications may be picked up in person at the school or downloaded at: www.deltacs.org

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

Summer office hours:
Monday-Thursday 9:00 a.m. to 1:00 p.m.

Completed Applications May Be:

Mailed to or dropped off at: Delta Charter School
300 Lynwood Drive
Ferriday, La. 71334
Please see summer hours above

Emailed to: 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 Monday, July 16, 2018; 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:** _____

2018-2019 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 **2018-2019 school year. (Do not put the grade that they are currently in.)**

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

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 2018-2019 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

(Note: This information may be used for lottery preference pursuant to applicable state and federal law)

Race/Ethnicity of student applying :

The state has redefined these categories to allow individuals the opportunity to select one or more race when reporting. In addition, race and Hispanic origin are considered two separate concepts. Please select one ethnicity and one race for your student.

- Ethnicity:** Hispanic or Latino Not Hispanic or Latino
- Race:** Black or African American White or Caucasian
- Asian Native Hawaiian or other Pacific Islander
- American Indian Alaskan Native

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

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- Is this student under the age of 20 and has been withdrawn from school prior to graduation for not less than one semester?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