



Dear Parent or Guardian:

We are excited and have great expectations for the 2023-2024 school year. After launching Delta Streets Academy in 2012, we continue to raise the bar for students academically, athletically, and most importantly, spiritually.

We want to thank you for your interest in DSA. We are a Christ-centered school offering an education of the highest caliber in academics and character development. We take the charge for spiritual, intellectual, and social development of each child here very seriously.

The financial cost for us to provide such an education is \$9,500 per child per year. We have developed a partnership program whereby we ask various organizations and individuals to give donations to help sponsor a child. The balance of this cost is the amount we charge for tuition, **\$750.00 for the entire academic year, or \$75.00 per month** (for 10 months). We take cash, checks, online payments, and money orders for tuition payments. If you are paying by check, **we will deposit it around/by the 1<sup>st</sup> and 15<sup>th</sup> of each month.**

It is our desire to work with you in every way we can to best educate your child. We truly see this as a partnership whereby we covenant/agree together to give your child a bright hope for their future. Therefore, we ask you to join with us by agreeing to participate in your child's education. We see this as the school spilling over into the home and the home spilling over into the school - a true partnership.

Enclosed in this packet is information pertaining to registration and attendance at Delta Streets Academy. Please read all the information and complete all the forms. If you have any questions, please let us know.

**\*There is a \$75 enrollment fee at Delta Streets Academy. Once classes begin, it will count towards tuition.**

Thank You,  
Delta Streets Academy

**Delta Streets Academy  
204 E. Church Street  
Greenwood, Mississippi 38930  
662-897-9876  
Head of School: T.Mac Howard  
thoward@deltastreetacademy.org**

## **REGISTRATION CHECK LIST**

- Completed Registration Packet**
- Copy of Birth Certificate**
- Copy of Social Security Card**
- Copy of Current Immunizations (FORM 121)**
- Current Report Card (new students only)**
- \$75 Registration Fee (will be applied to tuition)**

**Student Name:** \_\_\_\_\_

**Grade Applying for:** \_\_\_\_\_

## APPLICATION

Please provide at least two contacts if possible and at least one good phone number for each contact. If any of this information changes, it is very important that you notify the school immediately.

\*Please **PRINT** the information needed in the fields below.\*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous School: \_\_\_\_\_ Previous Grade: \_\_\_\_\_

Please provide information for Parents/Guardians/Emergency Contacts.

(Contact 1) Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Permission to check out? \_\_\_\_\_

Phone (cell/home/work): \_\_\_\_\_ Phone (cell/home/work): \_\_\_\_\_

Best email: \_\_\_\_\_

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

(Contact 2) Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Permission to check out? \_\_\_\_\_

Phone (cell/home/work): \_\_\_\_\_ Phone (cell/home/work): \_\_\_\_\_

Best email: \_\_\_\_\_

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

(Contact 3) Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Permission to check out? \_\_\_\_\_

Phone (cell/home/work): \_\_\_\_\_ Phone (cell/home/work): \_\_\_\_\_

Best email: \_\_\_\_\_

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

**SCHOOL REGULATIONS:**

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Your child will be given a Student Handbook the first day of school. Your child's teachers will spend time reading through the entire book with your child. We request that you read the entire Student Handbook so that you will be informed concerning what we expect from your Child and how we expect him to act. Listed below is information that we think you need to have on the first day of school and information that we need from you to help us help your child.

**SCHOOL HOURS:**

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Students are to arrive and be ready to begin the day by 7:45 A.M. (not walking in at 7:45 A.M.) Classes begin at 8:00 a.m. and end at 3:15 p.m. Monday through Friday.

**SCHOOL DRESS CODE:**

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Students are expected to arrive at school already observing dress code.

- White or blue collared shirt
- Slacks or dress pants (NO jeans) with belt loops
- Belt (solid black or brown)
- Closed toe shoes (socks should be worn)
- Protocol on jackets and "hoodies" to be determined

**SCHOOL BENCHMARKS:**

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Student will not be promoted to the next grade unless they meet all grade level benchmarks in reading, math, science, history, and English. Even if a student is passing as of their classes, they may not be promoted if benchmarks are not met. Students must earn a minimum composite score of 16 on their ACT to be eligible for graduation from Delta Streets Academy.

**SCHOOL TRIPS:**

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Each year, DSA students 9<sup>th</sup>-12<sup>th</sup> grade go on a week-long trip to places such as Alpine Camp, Washington D.C., or mission trips to various locations. We are so excited to offer these wonderful opportunities to our students and want to make sure that all families understand that these trips are MANDATORY. Students who do not attend will not be allowed to continue their enrollment at DSA. The 7<sup>th</sup> and 8<sup>th</sup> graders will continue in their normal classes during that time. All students are expected to attend various field trips that are planned for their respective classes throughout the year.

**DRUG TESTING:**

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We will randomly select students in each grade for drug testing on a regular basis. If a student is chosen, he either must comply with the procedures, or parents will have to withdraw student from school. If test comes back positive, that student's sample will be sent off to be tested to determine if a positive test was in fact, correct.

**PARENT/GUARDIAN AGREEMENT:**

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I UNDERSTAND AND AGREE TO READ THE STUDENT HANDBOOK AND MAKE SURE THAT MY CHILD FOLLOWS ALL RULES AND REGULATIONS.

Parent/Guardian Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/ GUARDIAN COMMITMENTS TO THE SCHOOL

As a parent/guardian, I commit to:

- Ensure that my student is in school EVERY DAY with the necessary books, materials, and supplies except in cases of serious illness.
- Make sure that my student arrives at school observing dress code, with ample time to organize all needed items for the day and be seated by 7:45 a.m.
- Attend all report card and teacher conferences. If I am unable to attend at the designated time, I will notify the school that I cannot attend and reschedule.
- Ensuring that my student attends mandatory study hall if necessary.
- Work with DSA staff to promote appropriate speech, behavior, and social development in my student. I understand that dose cooperation and rapid response are particularly important when my student's behavior is not in line with the standards of Delta Streets Academy.
- Pick up my student within 15 minutes of the end of the school day.
- Provide my child with a quiet, distraction free environment for homework and studying. I will ensure that this environment will be free of televisions, radios, phones, video games or any device that prohibits learning and free from human interruptions, such as young children.
- Provide ample time in the evenings and on the weekend to complete assignments and studies.
- Ensure that DSA always has accurate and updated contact information for parents/guardians and any other necessary family members information.
- Paying tuition in a timely manner
- Diligently monitoring my student's grades through Jupiter and be proactive in communication with teachers and staff at DSA.

Parent/Guardian Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_

### School Trips, Social Media and Testing Agreement

I understand that field trips are planned each year for students at Delta Streets Academy. I am aware that I will be notified when these trips occur and that they will be carefully arranged and supervised by the school. I give my consent and permission for my child to travel on the field trips sponsored by Delta Streets Academy. I further understand and agree to hold the school and its agents harmless for any liability to my child or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Delta Streets Academy or any employee or agent thereof, on my child's behalf and the school or its agent not to be found at fault, I agree to pay any attorney fees, damages, or other costs that Delta Streets Academy or its agents cur to defend itself against such action.

News about DSA, oftentimes, appears on television, in the newspaper, or other various forms of social media. By your signature below, you are granting your permission to use your child's photo, video, or other forms of media in our printed material and for your child's likeness to appear in print or video.

One major testing evaluation at Delta Streets Academy is the ACT. The test is paid for by Delta Streets Academy or contributing organizations. By sending your student to DSA, you are agreeing to make the ACT a priority. This may include, but is not limited to, providing transportation on the day of the test any making sure proper identification can be presented.

Parent/Guardian Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

**Tell Us About Your Child (check all that apply):**

\_\_\_\_\_ Does he have asthma? \_\_\_\_\_ Have allergies or hay fever? \_\_\_\_\_ Wear glasses?

\_\_\_\_\_ Suffer from seizures? \_\_\_\_\_ Been associated with a person who has TB?

\_\_\_\_\_ Been diagnosed with ADHD or any other learning disability?

\_\_\_\_\_ Taking medicine for ADHD? \_\_\_\_\_ is child taking any prescription medications?

\_\_\_\_\_ OTHER: Describe here \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Should my child become ill or suffer an accident of any character while he is in the care of Delta Streets Academy, the staff will undertake to contact me immediately. I authorize Delta Streets Academy and/or its designated staff to secure and to consent to such medical attention, treatment and services for my child as may be deemed necessary.

Any qualified person providing such require medical attention, treatment and services for my child may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Parent/Guardian Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_

Person's other than the parent or guardian to contact if your child becomes ill or injured while in the care of Delta Streets Academy should the parent not be reached:

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

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



## REQUEST FOR RELEASE OF RECORDS

**School Site: Delta Streets Academy**

This is a formal request for a release of records from: \_\_\_\_\_

Date of request: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

**For the following student who is presently enrolled at Delta Streets Academy.**

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

**Please mail the following records:**

- All records from previous school
- Grades/transcripts, attendance records and standardized test results
- Results of any individualized tests, IEP and program recommendations
- Immunization certificate, birth certificate, and health records.
- Any other information pertinent to best serving this student

**Send Records to:**

Delta Streets Academy  
T. Mac Howard  
P.O. Box 9895  
Greenwood, MS 38930  
662-897-9876