



New Student Orientation: August 6th, 2020

Dear Parent(s) or Guardian(s),

We are excited and have great expectations for the 2020-2021 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 very seriously.

The financial cost for us to provide such an education is \$8,500.00 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, and money orders for tuition payments. If your paying by check, **we will deposit it around/by the 1st and 15th of each month.**

It is our desire to work with you in every way we can in order 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 of the information and complete all of the forms. If you have any questions, please let us know. Once the packet is completed, **please return it with a copy of the birth certificate and social security card of the perspective student(s) as soon as possible.** Registration packets and the non-refundable first month tuition is required in order to be accepted into Delta Streets Academy.

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

Thank You,

Delta Streets Academy

Delta Streets Academy 204 East Church Street Greenwood, MS 38930 Office Number: 662-897-9876

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 appropriate spaces.*

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:

Students will be given a Student Handbook at the beginning of the school year. Teachers will spend time reviewing the book as well as expectations with students. We request that parents/guardians read the entire Student Handbook so that you will be informed concerning DSA policies/procedures and how we expect students to behave as students of Delta Streets Academy. Listed here are some things we believe you need to know before school begins.

School Hours:

Students are to be here and 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: 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 for...
- Belt
- Closed toe shoes (socks should be worn)
- Protocol on jackets and "hoodies" to be determined

School Benchmarks:

Students will not be promoted to the next grade level unless they meet all grade level benchmarks in reading, math, science, history, and English. Even if a student is passing all 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:

Each year, DSA students 9th through 12th 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. 7th and 8th 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:

We will randomly select students in each grade for drug testing on a regular basis. If a student is chosen, he either has to comply with the procedures, or parents will have to withdraw the student from school. If a 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:

I understand and agree to read the student handbook and will make sure that my child follows all rules and regulations. I freely agree to partner with Delta Streets Academy for my child's education.

Parent/Guardian Signature #1: _____ Date: _____

Parent/Guardian Signature #2: _____ Date: _____

Parent/Guardian Commitments To Delta Streets Academy

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 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 both 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 his environment will be free of televisions, radios, phones, video games or any device that prohibits learning and also 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 Delta Streets Academy always has accurate and updated contact information for parents/guardians and any other necessary family members information.
- Paying tuition in a timely manner.
- Diligently monitor 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 attorney fees, damages, or other costs that Delta Streets Academy or its agents incur 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 social 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 and 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 nature 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 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:

1st: _____ 2nd: _____ 3rd: _____

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
tmachoward@gmail.com



<<Insert Name>> School District
Household Income, Address and Grade Level Survey for Title I-A Funding Generation
 School Year 2019-20

1. Name of private school: _____

2. How many students from your household attend this private school? _____

What is the grade level of each student? _____

3. Street Address (no P.O. Box) of household where student(s) reside:

4. Is this household within the boundaries of the <<Insert Name>> School District?

yes no unknown

If yes: If enrolled in public school, what is the name of the school the student(s) would attend:
 _____, or unknown.

If no: My household is located in _____ School District, or unknown.

5. Do any household members currently receive assistance through SNAP, TANF or FDIPIR? yes no
 If yes, **STOP HERE**. Students in your household meet the income element for Title I-A funding generation.

6. On the chart below, check the box indicating your Household Size (total adults and children who live there).

7. For your Household Size, is your Household Income* equal to or less than the amount shown?

Yes, for my Household Size, my Household Income is equal to or less than the amount shown.

No, for my Household Size, my Household Income is greater than the amount shown.

Household Income – Qualification for Title I-A Funding					
<i>Effective from July 1, 2018 to June 30, 2019</i>					
Household Size	Annual	Monthly	Twice per Month	Every 2 Weeks	Weekly
<input type="checkbox"/> 1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
<input type="checkbox"/> 2	30,451	2,538	1,269	1,172	586
<input type="checkbox"/> 3	38,443	3,204	1,602	1,479	740
<input type="checkbox"/> 4	46,435	3,870	1,935	1,786	893
<input type="checkbox"/> 5	54,427	4,536	2,268	2,094	1,047
<input type="checkbox"/> 6	62,419	5,202	2,601	2,401	1,201
<input type="checkbox"/> 7	70,411	5,868	2,934	2,709	1,355
<input type="checkbox"/> 8	78,403	6,534	3,267	3,016	1,508
<input type="checkbox"/> ___ For each additional person add:	+7,992	+666	+333	+308	+154

*Household Income is "gross income": total income prior to taxes/insurance being deducted. Household Income is the combined total income of all income-earners residing at the household and contributing to the household's expenses.