



2020-2021

RETURNING Student Registration

First Day of School for Returning Students: Friday August 7th

DSA Parents and Families,

We are honored that you continue to choose Delta Streets as the place to educate your student. In an effort to decrease paperwork, we have created this packet for returning students. Please review and complete everything before returning it to the school. Also, please feel free to complete a new student packet if you prefer or believe it is needed.

Student Name: _____

Student email: _____ **Student Phone #:** _____

Address of Residence: _____

Contact #1 Name: _____ **Phone #:** _____

Email: _____ **Relationship to Student:** _____

Phone #2: _____ **Permission to check out?:** _____

Contact #2 Name: _____ **Phone #:** _____

Email: _____ **Relationship to Student:** _____

Phone #2: _____ **Permission to check out?:** _____

Contact #3 Name: _____ **Phone #:** _____

Email: _____ **Relationship to Student:** _____

Phone #2: _____ **Permission to check out?:** _____

Continued Student and Parent/Guardian Agreement:

By signing this you agree to continue to submit to and abide by the previously agreed to policies of Delta Streets Academy, which include; School Regulations, School Hours, School Dress Code, School Benchmarks, School Trips, Drugs Testing, Parent/Guardian Agreement, Parent/Guardian Commitments to Delta Streets Academy, School Trips, Social Media, Testing Agreement and all items covered in the Delta Streets Academy Handbook.

Parent/Guardian (print): _____ **Signature:** _____

Parent/Guardian (print): _____ **Signature:** _____

Student (print): _____ **Signature:** _____



<<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					
Effective from July 1, 2018 to June 30, 2019					
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.

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: _____