

Dr. Betty Shabazz Delta Academy

Sponsored by

Delta Sigma Theta Sorority Inc. St. Croix Alumnae Chapter

2024-2025 APPLICATION

"Transformation of Me:

Knowing Me, Developing Me, Preparing Me



Please Print

Name of Student /Applicant: _____

Date of Birth: _____ Age as of 9/01/24: _____

2024 would be my 1st 2nd 3rd 4th year participating in Delta Academy.
(circle one)

Home Address: _____

Mailing Address: _____

Email Address: _____

Name of School: _____ Current Grade (2024-2025): _____

T-Shirt Size (circle one): **Youth/ Adult** (circle one): S M L XL XXL

What are your favorite subjects in school?

___ **Math** ___ Science ___ English ___ History ___ Computer
___ Other: _____

Special Interest / Hobbies:

___ Art ___ Music ___ Drama ___ Writing ___ Sewing ___ Other: _____

How did you learn of this program?

___ Ad ___ Newspaper ___ School Counselor ___ Other: _____

Are you involved in other activities that may conflict with this program schedule? _____

Do you have any siblings who participate in a Delta Academy or Delta GEMS program?
(circle one): Yes or No If yes, please give name _____

What do you want to achieve from participating in the Dr. Betty Shabazz Delta Academy?

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Personal Information:

Is your mother a member of Delta Sigma Theta Sorority, Inc.? Y ____ N ____

Have you participated in any other Delta Academy program? Y ____ N ____

Do you currently have a sibling participating in a Delta Academy or Delta GEMS program?

Y ____ N ____ If yes, please give name _____

Have you participated in any Delta Sigma Theta sponsored activities (i.e., Jabberwock, etc.)?

Y ____ N ____

Parent (s) or Guardian (s) Information

Name: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Home Address: _____

Mailing Address: _____

E-mail Address: _____

Emergency Contact Information

List three (3) people other than parent(s) / guardian (s) who can be contacted in case of an emergency.

Name	Home Phone	Cell Phone	Relationship
1. _____			
2. _____			
3. _____			

Medical Information

1. Is your child physically fit to participate in this program? Yes _____ No _____

If no, explain. _____

2. When was your child's last physical? _____

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Date: _____ Doctor's Name: _____

3. Does your child have Health Insurance? Yes _____ No _____

4. Does your child have any Allergies? Yes _____ No _____

5. Does your child have Asthma? Yes _____ No _____

6. Is your child currently taking any medications? Yes _____ No _____

If yes, explain. _____

7. Does your child have any other health issues not mentioned above that we should be aware of?

Yes _____ No _____

If yes, explain. _____

Transportation Information

How will your child travel to and from Delta Academy meetings and activities?

__ Car __ Walk _____ Public Transportation __ Other (please specify) _____

Do you have any additional persons (other than parent/guardians & emergency contacts listed in this form) who you approve to transport your child? If yes, please list (this may include a sibling, grandparent, family friend, etc.):

1) Name: _____

Relationship: _____ Cell phone: _____

2) Name: _____

Relationship: _____ Cell phone: _____

3) Name: _____

Relationship: _____ Cell phone: _____

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Note: Individual picking up student from the Academy other than the authorized parent/guardian or emergency contact must bring a written signed notification when picking up child.

FIELD TRIP PERMISSION

As the parent/guardian of _____, I hereby give consent for her to attend field trips with delta academy sponsored by delta sigma theta sorority, inc. St. Croix alumnae chapter. My daughter and I understand that precautions will be taken to ensure my daughter's safety. I, therefore, will not hold Delta Sigma Theta sorority, Inc. St. Croix Alumnae Chapter or any representatives of Delta Sigma Theta Sorority, Inc. responsible for any complication, injury, or illness experienced by my daughter. Field trips are subject to change, and notification is at the discretion of Delta Sigma Theta Sorority, Inc. St. Croix Alumnae Chapter.

Parent/Guardian Signature: _____

Date: _____

Consent to Photograph

I, _____, give permission for my child, _____,
(Parent/ Guardian)

to be photographed and videotaped. My signature gives consent to the use of her likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the Delta Academy may utilize and produce. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the STX Alumnae Chapter, Delta Academy and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the St. Croix Alumnae Chapter, Delta Academy for potential future use. I agree to release the Delta Academy from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Parent /Guardian Signature: _____

Date: _____

Effective Date:

Expiration Date:

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Student Pledge and Commitment Contract

I will strive to do my best in all that I do.

I will cooperate with all mentors.

I will be sensitive to the needs of other participants.

I will strive for discipline and dedication in all that I do.

I will keep an open mind.

I will respect other's space, opinion and time.

I **will ask** for help and help others when needed.

I understand that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs, and fighting will not be tolerated. Such usage during the activity may result in immediate dismissal from the program.

I will be on time for all sessions and activities.

I will take responsibility for my actions.

I will not strike out (physically/ verbally) in anger.

I will listen to what others have to say.

I understand that more than three (3) absences may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips.

I agree that I will try my best to attend and fully participate in all scheduled Delta Academy sessions. I will have an open mind and will challenge myself to learn new things, meet new people and have a positive attitude at all times. I agree to be on time for each session.

Student /Applicant Signature

Date

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PARENTAL COMMITMENT / CONSENT IS REQUIRED FOR PARTICIPATION IN THIS PROGRAM

I, _____, GIVE CONSENT FOR _____,
(PRINTED NAME OF PARENT/GUARDIAN) (PRINTED NAME OF STUDENT)

TO PARTICIPATE IN ALL ACTIVITIES, FIELD TRIPS ORGANIZED BY OR THROUGH ST. CROIX ALUMNAE'S 2024-2025 DELTA ACADEMY PROGRAM. I AGREE TO MAKE EVERY EFFORT TO HAVE HER ATTEND ALL SCHEDULED DELTA ACADEMY SESSIONS. I AGREE NOT TO HOLD THE ST. CROIX ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC. OR THE DR. BETTY SHABAZZ DELTA ACADEMY AND ITS MEMBERS RESPONSIBLE AND/OR LIABLE FOR ANY INJURIES OR ILLNESSES THAT MY CHILD MAY SUSTAIN WHILE IN ATTENDANCE AT THE SESSIONS OF THE DELTA ACADEMY. THIS IS ALSO MY PERMISSION FOR THE LEADER IN CHARGE, OR DESIGNATES, TO MAKE ARRANGEMENTS FOR QUALIFIED MEDICAL ATTENTION FOR MY CHILD/ WARD IN THE EVENT OF AN EMERGENCY WITHOUT NECESSITY OF MY PRIOR APPROVAL. I UNDERSTAND THAT I WILL BE NOTIFIED BY THE QUICKEST MEANS POSSIBLE IF THIS AUTHORITY IS EXERCISED.

I ALSO UNDERSTAND THAT IN ORDER FOR THE ST. CROIX ALUMNAE CHAPTER DELTA ACADEMY TO MAINTAIN A SAFE AND HEALTHY ENVIRONMENT FOR ALL CHILDREN; DRUGS, ALCOHOL, VIOLENCE, ABUSIVE LANGUAGE, AND MISCONDUCT WILL NOT BE TOLERATED AT ANY ACTIVITY. THEREFORE, I UNDERSTAND THAT IT WILL BE MY RESPONSIBILITY TO PICK UP MY CHILD IMMEDIATELY IF MY CHILD NEEDS TO BE SENT HOME FOR DISCIPLINARY REASONS.

I UNDERSTAND THAT TRANSPORTATION TO AND FROM DELTA ACADEMY SESSIONS IS NOT PROVIDED BY DELTA SIGMA THETA SORORITY, INC., ST. CROIX ALUMNAE CHAPTER. THUS, I AGREE TO PICK-UP MY CHILD AT THE DESIGNATED END -TIME FOR ALL DELTA ACADEMY SESSIONS.

I, THE UNDERSIGNED, HAVING READ, UNDERSTOOD, AND COMPLETED THE ABOVE, AND HAVING BEEN BRIEFED REGARDING THE NATURE OF THE PROGRAM, HEREBY GIVE MY PERMISSION FOR MY CHILD TO ATTEND AND PARTICIPATE IN THE 2024-2025 DELTA ACADEMY PROGRAM.

****MISSING THREE (3) OR MORE SESSIONS WILL FORFEIT YOUR DAUGHTER'S PARTICIPATION IN THIS ACADEMY****

SIGNED: _____
(PARENT (S) /GUARDIAN (S) SIGNATURE)

DATE: _____

Please return this application to:
School Guidance Counselor

OR

E-mail: stxalumnae@yahoo.com

*****The application deadline is Friday, September 13, 2024. Any applications received after this date, are subject to declination or potential participants may be wait-listed.**

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