



Applicant:

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First Name

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Last Name



Application for Admission



# Delta School Application

*The Delta School admits students and makes available to them its advantages and courses of study without regard to race, color, sex, religion, national origin, sexual orientation, or disability.*

## Child and Family Information

Please type or print clearly. (Including a photo of your child or family is optional.)

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: ☐ M ☐ F Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ Landline #: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ Landline #: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Remarried ☐ Widowed

How did you hear about The Delta School?

## Child's Learning Information

*Current grades, most recent standardized testing results, and 2 letters of recommendation must be provided along with the application.*

Present School (if homeschooled, please indicate): \_\_\_\_\_ Grade: \_\_\_\_\_

List of Previous Schools (include most recent):

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Reading History (Phonics, Look-see, etc.):

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Learning Difficulties (include speech and hearing):

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Has child received or been referred for tutoring? ☐ Yes ☐ No

If so, where and in what areas?

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If your child has been in schools previous to this, please provide most recent report cards or grades.

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## Developmental History

General Temperament: \_\_\_\_\_

Fears: \_\_\_\_\_ Is your child adopted? ☐ Yes ☐ No If yes, at what age? \_\_\_\_\_

At what age did your child crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Talk? \_\_\_\_\_

Developmental observations or concerns:

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## Child's Health

Describe the applicant's health including any physical and medical considerations:

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Serious Illnesses: \_\_\_\_\_ Age: \_\_\_\_\_

Regular Daily Medication: ☐ Yes ☐ No Reason: \_\_\_\_\_

## Sibling Information

List Names and Ages

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Questions for Parents/Guardians

What led you to apply to The Delta School? Why do you think it would be a good fit for your child?

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Please tell us about your child's interests and hobbies.

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What aspects of school or daily life does your child find most challenging/difficult?

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Please use three words to describe your child.

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Please describe the school experience you would like most for your child.

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Please explain any health issues and/or learning difficulties that your child experiences.

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I attest to the accuracy of the information supplied in this application for student admission.

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

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

*Notice: A completed application is not a guarantee of admission and applications are not considered complete until all documents have been provided. For questions or to submit your application electronically, please email [info@thedeltaschool.org](mailto:info@thedeltaschool.org).*

Developing curiosity, capabilities and  
character in a **vibrant** learning environment.

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