

APPLICATION FOR ENROLLMENT

The State College Area School District
DELTA MIDDLE SCHOOL PROGRAM (Grades 6-8)

Phone: 814-231-1000 Fax: 814-235-4544
653 Westerly Parkway
State College, PA 16801

**** Please print the information on this page. ****

Name: _____

Today's Date: _____

SCASD Student Number: _____

Name of Parent/Guardian: _____

Address: _____

Parent/Guardian Email: _____

Parent/Guardian Cell Phone: _____

Home Phone: _____

Parent/Guardian Work Phone: _____

Student Cell Phone: _____

Name of Parent/Guardian: _____

Student **SCASD** Email: _____

Present Grade: 4 5 6 7 8

Parent/Guardian Email: _____

Grade entering Delta Middle: 6 7 8

Parent/Guardian Cell Phone: _____

Present School: _____

Parent/Guardian Work Phone: _____

Date of Birth: _____

Have you "shadowed"/visited Delta? Yes No

Current School Counselor: _____

When do you want to start at The Delta Program? _____

What math do you plan to take when you enter Delta? _____

Are you currently registered as a student in the SCASD? _____

Do you have an IEP? YES NO

Do you have a 504? YES NO

(Continued on next page)

OFFICE USE ONLY

APPLICATION:

ASSIGNMENT:

_____ Date Received

Advisor: _____

_____ Accepted

Comments: _____

DELTA MIDDLE EXPECTATIONS

Every member of Delta has:

- **the right to** free expression within the bounds of other Delta guidelines, and with the understanding that each person will take into account the sensibilities and personal dignity of others.
- **the right to** expect that she/he will be treated with courtesy, respect, and kindness. Feelings, thoughts and opinions will be communicated directly to each other. When conflicts arise, they will be resolved peacefully, privately, and with consideration for others in the school community. **Violence is never acceptable in the Delta community.**
- **the responsibility to** act in ways, which support the learning and growth of others. Staff members have a special responsibility to be nurturing to students.
- **the right to** expect that everyone will attend class, everyone will be on time, everyone will be prepared, and everyone will be attentive.
- **the responsibility to** act in an appropriate manner in the community at large, remembering that individual actions reflect on Delta.
- **the right to** expect that individual and community property will not be altered, damaged, or stolen by people in the program.
- **the right to** expect that each person will be aware of and responsible for his/her own property and the property of others.
- **the right to** expect that consequences will be applied to those who violate these expectations.

Directions for Student Applicant: Please fill out each question to the best of your ability. If you need more room, please type up your responses and attach them to this application.

1. Why do you want to enroll in the Delta Middle School Program?

2. Describe some of your interests.

3. What skills, talents, or qualities do you possess that would make a positive contribution to The Delta Middle Program?

4. If you are enjoying your current school environment, how do you think a transition to Delta Middle will help you maintain your positive school experience?

If you are frustrated with your current school experience, why do you think a transition to Delta Middle will change your feelings about school?

5. As a student, how would you like to be involved in the Delta Middle Community?

6. It is important to be able to work independently at The Delta Program. Share an example of a time when you worked independently on a project or an assignment:

****THIS SECTION IS FOR PARENT(S)/GUARDIAN(S)****

1. If your student is thriving in their current school environment, how do you think a transition to Delta Middle will help them maintain their positive school experience?

If your student is frustrated with their current school environment, why do you think a transition to Delta Middle will transform their school experience?

2. As a parent/guardian, how would you like to be involved in the Delta community?

3. The structure of Delta Middle requires students to work independently, manage many transitions throughout the day, and develop relationships with a variety of teachers. How do you see your student working within this independent learning environment?

The student applicant and parent(s)/guardian(s) must read the following and sign below to indicate that they understand and agree to these terms:

We, the undersigned, are aware and concur that the counselor or director of The Delta Program will contact the counselor or administrator of the school that the applicant last attended to get information concerning the academic, attendance, and discipline record of the applicant, to help determine the status under which the applicant may enroll in The Delta Program.

We, the undersigned, have explored the philosophy and structure of The Delta Program and wish to apply to enroll. We understand that having made the choice to apply to The Delta Program we are committing ourselves to work with the Delta community (staff, parents, and students) to help the applicant have a successful learning experience in the program. We also understand that if the program does not prove to be the appropriate educational structure, or if the applicant does not assume responsibility to meet the expectations of the program (see attached), the staff or Advising Team may decide that the student must transfer from the program to pursue her/his secondary education elsewhere.

We, as parents, understand that once our child is enrolled, we must commit time to help with her/his education. The minimum expectation is involvement in Advising Team Meetings (ATMs) as needed. Our signatures indicate permission for our child to enroll in The Delta Program and our commitment to attend Advising Team Meetings to help our child attain her/his educational goals.

List the names (at least two, including student) of those who will be on the Advising Team:

Student (Print)

Parent/Guardian (Print)

Parent/Guardian (Print)

Other (Print)

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date