



DELPHIAN SCHOOL

ENROLLMENT FORM

Student's Full Legal Name _____

Nickname/Preferred First Name _____ Male Female

Parent's Home Phone _____ Parent's Cell Phone _____

Parent's Email _____

Current Grade Level _____ Enrolling for Fall 20____ as a Boarding Student Day Student

Brothers and Sisters:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

1. In case of an emergency and you can't be reached, who should be contacted? List names and relationship with child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

2. Who may pick up your child from school at any time? List names and relationship with child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

3. If parents are divorced, do you as the custodial parent, want the other parent to receive copies of student reports and mailings?

Yes No If yes, please give name and address of the other parent: _____

Home Street Address _____

City/State/Zip (Postal Code) _____ Country _____

Phone _____ Email Address _____

4. We provide transportation to local churches for students. If you want your child to attend church, be sure to arrange this with your child. Religious preference: