



**Delta Sigma Theta Sorority, Inc.
Valley Forge Alumnae Chapter
Delta Academy Application
STEM Program**

Please note that all applicants must reside in our service areas,
which are Montgomery and Chester Counties.

[Return completed application via email to deltaacademy@dstvalleyforge.org](mailto:deltaacademy@dstvalleyforge.org)

Part I: To be completed by a Parent/Guardian

My daughter will be a new participant

My daughter will be returning

Parent/Guardian Name:	
Address:	
City, State, Zip:	
Home Phone:	
Cell/Alternate Phone:	
Email Address:	
Is the mother/female guardian a member of Delta Sigma Theta Sorority, Inc.?	
If so, are you currently active? (list chapter)	
How did you hear about Delta Academy?	

Child's Name:	
Address <i>(if different from above)</i> :	
City, State, Zip:	
Home Phone <i>(if different from above)</i> :	
Cell/Alternate Phone:	
Email Address:	
Name of school:	
Grade (for upcoming school year)	
Date of Birth:	
Shirt Size:	

Part II: To be completed by Child/Student

1. What are your plans after graduating from high school?

College

Vocational School

Technical School

Work

Undecided

Other

2. What are your career aspirations?

3. Student Health Information

1) Please list any medical conditions:

2) Is your child allergic to any foods or medicines: NO YES If Yes, please list.

3) Does your child have any special needs: NO YES If Yes, please list,

VI. PARENTAL RELEASE

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