



DELPHI ACADEMY™ of Santa Monica
Office of Admissions

ENROLLMENT PROCEDURE

Once an applicant has been accepted, the enclosed forms need to be signed and returned to the school. This needs to occur prior to or by the student's first day of enrollment.

1. Enrollment Terms
2. Medical Information, Confidential Health Report and General Information Form
3. Immunization Form and Physician's Examination Form
4. Dental Form

DELPHI ACADEMY ENROLLMENT TERMS

In the best interest of Delphi Academy and my/our child _____ (name), the undersigned parent(s) and/or legal guardian of the student agrees to the following:

1. Consent to medical care for the student:

I/we consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the student at my/our expense upon the advice and under the general or special supervision of a physician, surgeon and/or dentist licensed under the provisions of applicable medical practice laws.

2. I/we give my/our permission for the student to participate in the following activities that may have some inherent risk. I understand that neither Delphi Schools, Inc or Delphi Academy nor any of its employees, students or volunteers shall be liable to myself or my child for any claim arising out of these activities, such claims being hereby waived, and that I will indemnify and save harmless Delphi Schools, Inc., Delphi Academy and its employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of my/our child during these activities:

- a. Interscholastic or intramural sports
- b. Filed trips, outings, students riding in school or staff/volunteer vehicles
- c. Apprenticeships, classes and activities

3. I/we assume responsibility for any acts of my/our child during any field trip or school outing, and will indemnify (reimburse or repay for any loss incurred) and hold the foundation, school, its employees and volunteers harmless from any claims of any person arising from my/our child's acts. "Field trip or outing" includes period of travel time to and from the school.

4. I/we and my/our child agree to support the school by adhering to procedures and rules set forth in the Student & Parent Handbook.

5. I/we understand that Delphi Academy has the right to refuse any applicant or to dismiss any student misrepresented during enrollment or whose conduct or influence is unsatisfactory or is, in the opinion of the school, not in the best interest of the school.

6. I/we understand that the school has access to all belongings at any time for the purpose of inspection.

7. I/we understand that students are responsible for their belongings.

8. Publications:

I/we hereby give my/our permission to Delphi Schools, Inc. and/or Delphi Academy to use pictures of the student or to use written materials, in whole or in part, or to summarize the contents of the materials written by the student in promotional materials of the school.

9. Student records are maintained for each child attending Delphi Academy in accordance with state and federal law. All student records maintained by the school shall be made available for inspection by student's parents or legal guardians.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

DELPHI ACADEMY MEDICAL RELEASE

In the event that a medical or surgical emergency should occur while your child is attending Delphi, it is imperative that we have parental authorization on file. Any hospital or medical institution requires parental permission to render the necessary care to a minor. Please note that this release must be signed.

In the case of illness, accident or similar emergency, Delphi Academy, or any authorized agent thereof, is authorized to seek and obtain medical care or treatment for my child, and may authorize any physician, hospital or medical institution to render the necessary care.

I, the undersigned parent/legal guardian (circle one), authorize any emergency medical or surgical treatment to be given to (name of child)_____
(relationship)_____. Further, I guarantee coverage of costs for any such treatment rendered.

Signature of Parent/Legal Guardian

Date

Insurance Information

Is your child currently covered by any form of comprehensive health, medical or accidental insurance? If yes:

Name of Company_____

Address_____

City_____ State_____ Zip_____

Policy Number _____ Extent of Coverage:_____

Policy Holder's Name_____

Social Security Number_____ Relationship to Child_____

If possible, please enclose an insurance card or photocopy of it.

Confidential Health Report

1. Does your child have any physical handicaps? If yes, please explain:

2. Has his or her school attendance ever been interrupted for a period of a month or more due to medical reasons? If yes, please give approximate dates and details:

3. Has your child ever received surgery? If yes, please explain:

GENERAL INFORMATION FORM

NAME OF STUDENT _____

1. Who may pick up your child from school at any time? List names below and relationship to child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

2. If parents are divorced, do you, as the custodial parent, want the other parent to receive copies of student reports and school mailings? Yes _____ No _____

If so, please give name and address of the other parent:

Signature of Parent/Legal Guardian

Date