



**Delta Sigma Theta Sorority, Inc.
Joliet Area/ South Suburban Alumnae Chapter**

EDUCATIONAL DEVELOPMENT PROGRAM

Program of Interest: Delta Academy (Grades 6th -8th) **Grade level:** _____

Delta G.E.M.S. (Growing and Empowering Myself Successfully- Grades 9th -12th) **Grade Level** _____

EMBODI (Empowering Males to Build Opportunities for Developing Independence
(Males Aged 13 - 17) **Grade level:** _____

Name: _____ New Student Returning Student How many years? _____

T-Shirt Size: Small Medium Large X-Large

Date of Birth: _____ Home Phone: _____ All. Phone: _____

Current Address: _____

City: _____ State: **IL** _____ ZIP Code: _____

Parent Email Address: _____

Parent/ Guardian Name: _____

If new student, who referred you to Delta Academy, Delta G.E.M.S. or EMBODI? _____

SCHOOL INFORMATION

School Name: _____

Year in School: _____ Academic Counselor: _____

EMERGENCY CONTACT

Emergency Contact Name (Primary): _____

Relationship: _____ Phone: _____

Emergency Contact Name: _____

(2nd -in case primary cannot be reached) _____

Relationship: _____ Phone: _____

ALL ABOUT YOU

1. Why do you want to participate in Delta Academy, Delta G.E.M.S. or EMBODI? _____

2. Are you involved in any other extra-curricular activities that may limit your participation in Delta Academy, G.E.M.S., or EMBODI? If so, what? _____

SIGNATURES

Your signature below grants permission for your daughter/son to participate in our Educational Development program. If selected, you and your daughter/son agree to abide by all the rules of the program. You will be asked to attend a mandatory Student/Parent Orientation to fully explain all rules and regulations of the program. It is the parent's responsibility to provide transportation to and from all meetings except for special trips planned by the committee.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Student: _____ **Date:** _____

Please send completed application to:
Delta Sigma Theta Sorority, Inc.
P.O. Box 706
Matteson, IL 60443
Attn: Educational Development Committee