

# Dr. Betty Shabazz Delta Academy

## Application Form

School\_\_\_\_\_Date\_\_\_\_\_

Student Name \_\_\_\_\_DOB\_\_\_\_\_

Home Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_ZIP\_\_\_\_\_

Home phone\_\_\_\_\_E-mail\_\_\_\_\_

Name of Parent(s) Guardian (s)\_\_\_\_\_

Home phone\_\_\_\_\_E-mail\_\_\_\_\_

EmergencyContact\_\_\_\_\_Phone\_\_\_\_\_

Things I enjoy are:\_\_\_\_\_

Check all areas of interest below:

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Earth & Space Science           | <input type="checkbox"/> 7. Leadership Development  |
| <input type="checkbox"/> 2. Books-Book Club                 | <input type="checkbox"/> 8. Non-Traditional Careers |
| <input type="checkbox"/> 3. Self-Esteem/Self Concept        | <input type="checkbox"/> 9. Service Projects        |
| <input type="checkbox"/> 4. Mathematics/Geometry            | <input type="checkbox"/> 10. Health /Education      |
| <input type="checkbox"/> 5. Computer Technology             | <input type="checkbox"/> 11. Sports                 |
| <input type="checkbox"/> 6. Dining with Etiquette & Manners | <input type="checkbox"/> 12. Dancing/Art            |

Student Signature\_\_\_\_\_

Parent(s) Guardian(s) Signature\_\_\_\_\_

School/Other Sponsor\_\_\_\_\_

**Mail to:** Edna James, Chair  
Dr. Betty Shabazz Delta Academy  
216 Moncada Way  
San Francisco, CA 94127