



# Delphi Academy<sup>TM</sup> of Boston

564 Blue Hill Ave • Milton, MA • 02186

617 333-9610 • [info@delphiboston.org](mailto:info@delphiboston.org)

## PARENTS YOU MAY CONTACT FOR REFERENCES

Pamela Alexander

617 445-2127

Sherley Belizaire

617 282-9047

Lynn Blake

617 327-9001

Sheila Chapman

617 696-6908

Maddie Hao

781 335-8084

Chandra Joseph-Lacet

617 593-6389

Susan Love

617 696-6902

Vera Miller

781 344-5958

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# DELPHI ACADEMY™ OF BOSTON

Office of Admissions

## APPLICATION FOR ADMISSION

Dear Applicant:

Since Delphi students are all on highly individualized programs, it is generally possible for qualified students to begin their programs at any point in the year, space providing. Priority is given to those students first completing the full application procedure below:

Please affix a recent  
photo here.

## APPLICATION PROCEDURE

**Application Form:** Insofar as possible, the applicant should complete Part A carefully in his or her own handwriting (the parent may help or if necessary take dictation); the parent or guardian should complete Part B and insure Part A is complete. Please attach a recent photograph.

**Application Fee:** Please submit this form along with a non-refundable \$45 check to the Admissions Office (if a preliminary application fee has been paid, this may be deducted).

**Deposit:** Once a child has been accepted and a seat has been offered a tuition deposit of \$500 is required to secure a place in the school. This deposit is repayable at the written request of the parents up until 90 days prior to the scheduled enrollment date, after which it becomes non-repayable.

**Transcript:** If the applicant has been enrolled in a school, the parent or guardian must complete the enclosed Student Records Release form and give it to that school's counselor. The school will then forward the information directly to us.

**Recommendations:** If the applicant has been enrolled in a school, please give the recommendation forms to three individuals who know the applicant well and can speak on the applicant's relationship to his or her education. Teachers familiar with applicant's English and Mathematics basics should be included if at all possible. Completed recommendations should be sent directly to Delphi.

**Interview:** All applicants receive personal interviews and testing prior to acceptance. Unless specifically arranged, visits to the school should occur on weekdays when classes are in session.



9. Writing Sample:

Please choose one of the following topics to write about. On a separate sheet of paper, write about it as much as you like. We would like for you to write 100 words or more (younger applicants may write as much as they are able).

- A. If you could take a month out of the year to do whatever you want, describe in detail what you would do and why.
- B. Tell us about a favorite book, piece of music, film, or hobby and what you enjoy about it and why.
- C. Write about a current world event in detail covering what you feel is important about it and why.

10. The Delphi spirit is based on integrity, honesty, trust, responsibility and open communication. Please write a statement in your own words that shows that you have read and understand the Student and Parent Handbook and agree to abide by the rules and principles therein. (Younger students should show that they have gone over it with an adult and understand these important points.)

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY INFORMATION

### FATHER

### MOTHER

	Name	
	Home Address	
	City, State	
	Zip	
	Home Phone	
	Mobile Phone	
	Work Phone	
	Occupation	
	Age	
	Highest Educational Level	
	Income Bracket	
	Name of Employer	
	Work Address	
	City, State	
	Zip	
	Email	

If parents are separated or divorced, with whom does the applicant reside? \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

Applicant's Brothers and Sisters:

<u>Names</u>	<u>Ages</u>	<u>Names</u>	<u>Ages</u>

## Part B – Parental Questionnaire and Confidential Preliminary Health Report

1. What would you like to see your child accomplish through his or her education at Delphi?
2. Which of your child's qualities do you respect and admire most?
3. In extracurricular activities does your child generally continue with his or her interests once begun?  
\_\_\_\_\_Yes \_\_\_\_\_No
4. How does your child usually spend his/her free time?
5. Is there an area of potential in your child that you would especially like developed further?
6. Are there any academic areas or areas of personal development in which you would particularly like to see your child improve?
7. What types of things upset your child?
8. Describe briefly the relationship of the child to each parent.

**If the answer to any of the following questions is “yes” please explain in full on a separate sheet of paper:**

9. Has you child ever had physical, mental, emotional, scholastic, or disciplinary difficulties? \_\_\_\_\_Yes \_\_\_\_\_No
10. Has he or she ever been prescribed a medical drug for hyperactivity or study difficulty? \_\_\_\_\_Yes \_\_\_\_\_No
11. Are there any restrictions regarding his/her physical activities? \_\_\_\_\_Yes \_\_\_\_\_No

I certify that the above is complete and true and that the applicant is a normal child who is a safe companion for other children.

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Signature of Parent or Guardian with Legal Custody

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Date





# Student Records Release Form for Admissions into Delphi Academy™ of Boston

**GIVE THIS FORM TO THE APPLICANT'S PRESENT SCHOOL**

To: \_\_\_\_\_

(name of applicant's present school)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city/town)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip)

I hereby authorize the release of the following information concerning my child to the Admissions Office of Delphi Academy of Boston:

\_\_\_ Most recent report card

\_\_\_ Most recent achievement test scores

\_\_\_\_\_  
(name of child)

\_\_\_\_\_  
(date of birth)

\_\_\_\_\_  
(grade)

This release does not waive any right to challenge the contents of these records by the parents, guardian or emancipated minor as prescribed by law.

I understand that these are confidential records and will not be shown to any other third party without parent's/student's permission.

X \_\_\_\_\_

(Signature of parent or legal guardian)

(date)

Please send the above requested information to: Director of Admissions, Delphi Academy of Boston, 564 Blue Hill Avenue, Milton, MA 02186.



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564 Blue Hill Avenue

Milton MA, 02186

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[www.delphiboston.org](http://www.delphiboston.org)

## Confidential Recommendation Form

**Instruction to the Applicant:** Please fill out your name below. You should have three of these forms. Give each to someone who knows you well and is familiar with your educational progress. If possible include teachers familiar with your English and Mathematics basics.

Three recommendations are needed for a student in Third Grade and above, two for a Second Grader and one for a First Grader or Kindergartner.

APPLICANTS NAME: \_\_\_\_\_

**To the writer of this recommendation:** The above named student is a candidate for admissions to the Delphi Academy co-educational private school. Each student follows a challenging individual course of academic studies working at his or her own pace, with a mandatory initial course which teaches the student valuable study skills. Rather than assign grades, the school requires that all students demonstrate 100% mastery of all the essentials. The individualized nature of the program generally makes it possible for students to enter at any point in the year.

The school expects that students enroll with the aims of achieving scholastic competence and receiving strong preparation for life and/or further study, and expects from its students a high level of integrity, purpose, initiative and responsibility.

We ask you to complete and return this recommendation as soon as possible. Your candid answers will help us to evaluate the appropriateness of our program for the candidate. Thank you for your time and consideration.

Have you been the student's \_\_\_\_\_ English teacher, \_\_\_\_\_ Math teacher or \_\_\_\_\_ other? (Please describe below):

\_\_\_\_\_

How long have you know the candidate? \_\_\_\_\_

Please comment on this student's academic performance, mentioning participation, attitude, strengths and weaknesses:

Please evaluate this student in the following categories:

	Outstanding	Excellent	Good	Fair	Below Average
Initiative					
Ability to work alone					
Academic potential					
Attitude toward learning					
Class participation					
Written Expression					
Homework compliance					
Creativity					
Reaction to correction					
Leadership					
Communication with peers					
Rapport with faculty					
Sense of humor					
Conduct					
Emotional stability					
Concern for others					
Dependability					
Friendliness					

I recommend this student to the Delphi Academy:

Enthusiastically \_\_\_\_\_ Confidently \_\_\_\_\_ With reservation \_\_\_\_\_

(If you answered "with reservations" please explain briefly below:)

Name: \_\_\_\_\_

School's Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

( ) Please check here if you would like to be sent additional information about Delphi.



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