



## Marietta-Roswell Alumnae Chapter Delta Sigma Theta Sorority, Inc. Dr. Betty Shabazz Delta Academy Application

Please note that all applicants must reside in our service areas, which are Cobb, North Fulton and Cherokee counties.  
*Return completed application via email to [EdDevelopment@dstmrac.com](mailto:EdDevelopment@dstmrac.com)*

### 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 (if different from above):	
City, State, Zip:	
Home Phone (if different from above):	
Cell/Alternate Phone:	
Email Address:	
Name of school:	
Grade (for upcoming school year) – 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup>	
Date of Birth:	
T-shirt Size:	



