



401 East Monroe Street
Delphi, IN 46923
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Email completed form(s) to:
office@delphiupc.com

New Student Application

Student Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email:

Date of Birth Birthplace US Citizen Age Sex

Student resides with Relationship to student

Parents of the student are: Married Separated Divorced Single Parent Mother Remarried Father Remarried Other:

The primary language spoken in the home: English Spanish Other:

Has student ever failed a grade? YES NO Does student have any physical difficulties YES NO including allergies? YES NO

Has student ever skipped a grade? YES NO If yes, list?

Has student ever been suspended from school? YES NO

If yes, explain:

Parent or Guardian Information

Father's Name: Last First M.I.

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email:

