



For Parents of 2023 - 2024 Delta Sigma Theta Participants ONLY!!

I, _____, do hereby certify that I am the parent or legal guardian of _____ (name of Delta Sigma Theta participant). My student will be in the ___ grade during the 2023-2024 academic year.

This document is to certify that the information submitted in my child's application for the 2023-24 Delta Sigma Theta _____ (name of DST program) Program is still accurate and applicable. This document affirms that all information, including demographic, medical, insurance, pickup/drop off permissions, is still true, accurate and applicable.

I, _____, do hereby agree that if any information changes prior to or during the 2023-24 programming year, I will notify the Chairs of my child's program and update the documentation as appropriate.

Name of Parent/Guardian

Signature of Parent/Guardian

DATE