



AGIA
SOPHIA
ACADEMY
An Orthodox Christian
Classical School

Student Enrollment Application

For Office Use Only

Date Received: _____
Initials: _____
Fee Paid: _____
Check #: _____

To the Applicant and Family:

Thank you for your interest in Agia Sophia Academy. All of the information you provide in this application will be treated with the utmost confidentiality. Only the Admission Committee and the ASA Board / Staff have access. Please provide the following information:

APPLICANT INFORMATION

Children must be 3 years old by September 30th to enter our Montessori Early Childhood Education Program; or 6 years by September 30th for 1st Grade. Children must be completely potty trained prior to entering school.

Full Legal Name: _____

Preferred Name: _____ Gender: _____ Date of Birth: _____

Is the Applicant Baptized Orthodox? Yes No *If yes, Baptismal Name:* _____

Grade Entering: _____ *If Preschool: Full-Day Program or Half-Day Program*

Any special education, behavioral, emotional, or physical issues: _____

Current School: _____ Phone Number: _____

School Address: _____

Current Grade & Teacher: _____

PRIMARY HOUSEHOLD INFORMATION

Applicant(s) lives with: *(check all that apply)*

- Father Stepfather Grandparent
 Mother Stepmother Guardian

Parent/Guardian: _____

Relationship to Applicant: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Employer: _____

Position: _____

Business Phone: _____

The Applicant's: *(check all that apply)*

- Father is deceased Parents are divorced
 Mother is deceased Parents are separated

Parent/Guardian: _____

Relationship to Applicant: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Employer: _____

Position: _____

Business Phone: _____

ADDITIONAL FAMILY MEMBERS

Sibling Name: _____ Date of Birth: _____ School: _____
 Sibling Name: _____ Date of Birth: _____ School: _____
 Sibling Name: _____ Date of Birth: _____ School: _____

EMERGENCY CONTACT INFORMATION

Please include contact information for at least one other person. Circle best daytime number for each person listed below.

Name	Relationship	HM Phone	WK Phone	Cell Phone

RELIGIOUS AFFILIATION

Family's Church: _____ Orthodox: Yes No
 Address: _____
 Priest's/Pastor's Name: _____ Phone Number: _____
 Please describe your family's and the applicants participation in parish activities: _____

STATEMENT OF CUSTODY

The child / children are under the joint custody of _____ and _____
 The child / children are under the sole custody of _____

FINANCIAL INFORMATION

If you wish ASA to rely on financial and credit information other than what is included in your credit report from the credit reporting agencies, please provide that information as an attachment. Every family registered in the school is eligible for tuition assistance, if available. Please see Principal for more information. I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, and complete and authorize Agia Sophia Academy to run any credit and/or background checks they feel are necessary.

Parent/Guardian Signature _____ Date: _____
 Parent/Guardian Signature _____ Date: _____

Please submit completed application to ASA along with the following:

- \$50 non-refundable fee (Waived if submitted by January 30th)
- Copy of Birth Certificate
- Priest Recommendation Letter (for Orthodox Christian children only)

After the applicant has been accepted, the following will be sent to the parents/guardian, and must be signed prior to August 1st.

- Tuition Payment Agreement
- Tuition Deposit
- Medical Information/Release and Consent Form