



# AGIA SOPHIA ACADEMY

## Student Forms

**2009-20010  
Academic Year**

*Please Fill Out and Return to the School Office  
by September 15<sup>th</sup>, 2009*

Agia Sophia Academy  
14485 SW Walker Road  
Beaverton, Oregon 97006  
[www.AgiaSophiaAcademy.org](http://www.AgiaSophiaAcademy.org)  
Phone: 503.641.4600  
Fax: 503.641.5951



AGIA  
SOPHIA  
ACADEMY  
An Orthodox Christian  
Classical School

## 2009-2010 Medical Information & Consent Form

*(information will be kept strictly confidential)*

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

Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Grade: \_\_\_\_\_

### **Emergency Contacts:** *(list in call priority)*

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

Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Student's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Medical Information:**

Known allergies to foods, drugs, insect stings, etc:

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Known illness or medical conditions we should be aware of, please describe below:

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Current Medications: *(please list product name, dose, how often taken, and side effects)*

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### **Consent for Medical Care:**

For the 2009-2010 school year, in the event that I cannot be reached in an EMERGENCY, Agia Sophia Academy is authorized to call 911 and/or utilize the emergency room of the nearest hospital if deemed necessary. I hereby give permission to the attending physician to administer appropriate emergency treatment, to hospitalize, and/or to order injections/anesthesia/surgery for my child as named above. Furthermore, I understand I am financially responsible for charges incurred and authorize the physician to release information requested by the insurance company.

Signed (parent/guardian): \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_



## CRIMINAL BACKGROUND CHECK FORM

*SUBMIT IF YOU HAVE NOT SUBMITTED ONE IN PRIOR YEARS  
AND PLAN ON WORKING WITH THE CHILDREN HERE AT ASA  
(I.E. LUNCH MONITOR, CLASSROOM AID, CHAPERONE, ETC)*

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

*Last First Middle*

**Alias/Maiden Name:** \_\_\_\_\_

**Date of Birth:**        /        /       

*Month Day Year*

**Social Security Number:**        -        -

**Driver's License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_

I understand it is ASA's policy to require a background check for the safety and well-being of the students. I therefore authorize Agia Sophia Academy to run a criminal background check on myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## CRIMINAL BACKGROUND CHECK FORM

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

*Last First Middle*

**Alias/Maiden Name:** \_\_\_\_\_

**Date of Birth:**        /        /       

*Month Day Year*

**Social Security Number:**        -        -

**Driver's License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_

I understand it is ASA's policy to require a background check for the safety and well-being of the students. I therefore authorize Agia Sophia Academy to run a criminal background check on myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PERMISSION TO PUBLISH FORM  
2009-2010 SCHOOL YEAR**

I, \_\_\_\_\_, authorize Agia Sophia Academy to use photographs, as well as children's work, for promotional purposes (i.e. newsletters, brochures, web site, etc.) All original work will be returned. I understand that my child's name will not be published with his/her photo.

*Please list all students / family members who agree to take part.*

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**REQUEST TO EXCLUDE**

I, \_\_\_\_\_, do not authorize Agia Sophia Academy to:  
*(check all that apply)*

- Use any photos of my children and/or family for promotional purposes
- Use any work of my children for promotional purposes

*Please exclude the following members of our family from all publications:*

_____	_____
_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**AUTHORIZATION FOR STUDENT PICK-UP FORM**  
**2009-2010 SCHOOL YEAR**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parents / Guardians**

Father's Name: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Other Individuals Authorized to Pick-up Child**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ authorize the above people to pick up my child from school and or to drop him/her off at school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## PRE-ARRANGED ABSENCE FORM

PLEASE FILL OUT AND RETURN TO THE OFFICE WHENEVER YOUR ELEMENTARY CHILD WILL BE ABSENT FROM SCHOOL FOR MORE THAN 2 DAY.

Student: \_\_\_\_\_

Date of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

### Assignments to be completed:

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Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# ASA SCHOOL DIRECTORY 2009-2010

*ASA PUBLISHES A YEARLY DIRECTORY WITH CONTACT INFORMATION FROM EACH FAMILY AT SCHOOL AS A RESOURCE TO HELP INSTILL COMMUNICATIONS BETWEEN PARENTS. THIS DIRECTORY IS DISTRIBUTED SOLELY TO ASA STUDENT, PARENTS & TEACHER AND WILL NOT BE PUBLISHED ONLINE.*

- I would like the following Contact Information added to the Agia Sophia Academy 2009-2010 School Directory:

**LAST NAME:**

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**PARENTS NAME(S):**

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**STUDENTS NAME(S):**

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**HOME PHONE:**

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**ADDITIONAL NUMBERS:** (*WORK, CELL, ETC – PLEASE SPECIFY*)

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**MAILING ADDRESS:**

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**E-MAIL(S):**

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- Please use the information from last year's directory.
- I do NOT wish to be added to the school directory.

*Please return this form by September 15<sup>th</sup>*

*Directories should be available the first week of October*