



# Agia Sophia Academy

Montessori and Elementary Application Packet



# Agia Sophia Academy

14485 SW Walker Road, Beaverton, OR 97006

Phone: 503-641-4600 Fax: 503-641-5951

## For Office Use Only

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

Initials: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

## ENROLLMENT APPLICATION

Children must be 2.9 to 3.5 years old and completely potty trained to enter our Montessori Program. Children must be 5 years old by September 1st to enter Kindergarten.

Applying for School Year: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Gender: M / F

Preferred Name: \_\_\_\_\_ Age as of September 1st: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ If Preschool: ☐ Half-Day Program or ☐ Full-Day Program

Neighborhood Public Elementary School: \_\_\_\_\_

Is the applicant baptized Orthodox? ☐ Yes ☐ No If yes, Baptismal Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Primary Language Spoken/Read: \_\_\_\_\_ Add to School Email List: ☐ Yes ☐ No

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Primary Language Spoken/Read: \_\_\_\_\_ Add to School Email List: ☐ Yes ☐ No

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Who has legal custody of student: \_\_\_\_\_ Who is responsible for tuition: \_\_\_\_\_

Is there a current restraining/court order pertaining to this student? ☐ Yes\* ☐ No

\*If there is a current court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student.

Church your family currently attends: \_\_\_\_\_ Is it Orthodox? ☐ Yes\* ☐ No

*\*Submit Orthodox Student Verification Form to receive the Orthodox Tuition Rate.*

Priest's/Pastor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Attends Sunday School regularly? ☐ Yes ☐ No Describe family's involvement in parish activities: \_\_\_\_\_

\_\_\_\_\_

Previous School/Daycare: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Describe any specific needs (physically, spiritually, and emotionally) that your child has: \_\_\_\_\_

Has your child ever had an I.E.P (Individual Education Plan) or service plan? ☐ Yes ☐ No

*If yes, please submit a copy with application*

Has this student ever been retained a grade? ☐ Yes ☐ No *If yes, which grade?* \_\_\_\_\_

Please assess your child in the following areas using the scale below:

**CD** (*consistently demonstrates*), **UD** (*Usually demonstrates*), **ID** (*Inconsistently demonstrates*)

Academic Skill:	<input type="checkbox"/> CD	<input type="checkbox"/> UD	<input type="checkbox"/> ID
Able to stay on task:	<input type="checkbox"/> CD	<input type="checkbox"/> UD	<input type="checkbox"/> ID
Able to follow directions:	<input type="checkbox"/> CD	<input type="checkbox"/> UD	<input type="checkbox"/> ID
Ability to work independently:	<input type="checkbox"/> CD	<input type="checkbox"/> UD	<input type="checkbox"/> ID
Ability to organize one's self	<input type="checkbox"/> CD	<input type="checkbox"/> UD	<input type="checkbox"/> ID
Attitudes/behavior towards adults:	<input type="checkbox"/> CD	<input type="checkbox"/> UD	<input type="checkbox"/> ID
Attitudes/behavior towards peers:	<input type="checkbox"/> CD	<input type="checkbox"/> UD	<input type="checkbox"/> ID

*All elementary students applying for admission are required to complete an entrance interview to determine behavioral and academic readiness.*

Where did you hear about ASA or who referred you? \_\_\_\_\_

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.

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 completed all sections of application and submit along with the following required supporting documents:

- ☐ \$50 non-refundable application fee
- ☐ Copy of Student's Birth Certificate and Immunization Records
- ☐ Completed Parent Questionnaire
- ☐ Copy of Student's Baptismal Certificate (*For Orthodox Christian students only*)
- ☐ Submit the Orthodox Student Verification Form to your Parish Priest (*To receive the Orthodox Tuition Rate*)
- ☐ Submit Records Request & Teacher Recommendation forms to previous teacher or daycare provider
- ☐ Submit copy of custody paperwork, *if applicable*

**\*\* Please note: submitting an application is not a guarantee of admittance \*\***



## Agia Sophia Academy Parent Questionnaire

Student's Name \_\_\_\_\_

Applicant for Grade \_\_\_\_\_

Date \_\_\_\_\_

*Please feel free to attach additional pages as necessary.*

1. In what ways do you see Agia Sophia Academy as a good match for you and your child?

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2. What are his or her social, behavioral and/or cognitive strengths and challenges?

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3. What are your child's interests and favorite activities?

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4. Does your child watch television? ☐ Yes ☐ No

*If yes, how many hours per week?* \_\_\_\_\_

*What shows or videos does your child usually watch?* \_\_\_\_\_

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5. Does your child have any special needs that we should be aware of?

*(Temperament, anxieties, motor difficulties, developmental delays, physical restrictions, etc.)* \_\_\_\_\_

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*If so, have you and your child been working with professionals/therapists?* ☐ Yes ☐ No

6. What methods of discipline do you use?

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*Under what circumstances does your child require discipline at home:*

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7. How often does your child have the opportunity for outdoor play?  
\_\_\_\_\_  
\_\_\_\_\_
8. Does he/she have any allergies or chronic conditions that require medical treatment? ☐ Yes ☐ No  
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What languages does your child regularly speak at home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. To what other schools is your child applying?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Are there other children in the home? ☐ Yes ☐ No  
*If so, what ages:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. *Montessori Applicants only:* Are you planning to attend ASA for Elementary? ☐ Yes ☐ No

**Additional Comments:**



# Oregon Certificate of Immunization Status

## Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	<div>Complete for all</div> <div>Up-to- date</div> <div>Medical</div> <div>Non medical</div>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>	
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>		

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

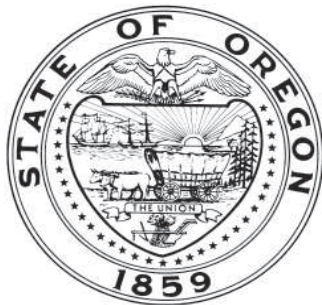
Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

**Continued On Reverse Side**



# Oregon Certificate of Immunization Status, Page 2

## Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

### For medical exemptions:

Please submit a **letter** signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): Please submit a **letter** signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

### Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ A health care practitioner  
☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Diphtheria/ Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio                         | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella                     | <input type="checkbox"/> Hib         |
| <input type="checkbox"/> Measles/Mumps/Rubella         |                                      |

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- ☐ Religious belief    ☐ Philosophical belief    ☐ Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_



## Confidential Teacher Recommendation

In order to be considered for admission, application must be filled out completely and received by \_\_\_\_\_

To current teacher:

\_\_\_\_\_ (*student*) is applying to Agia Sophia Academy. Your candid and timely assessment of this applicant is one way our teachers will get to know this child. The information you provide will be kept confidential and will not be shared with the applicant or family. Please return this evaluation directly to Agia Sophia Academy. Thank you.

How long have you known this child? \_\_\_\_\_ Language spoken at home? \_\_\_\_\_

Dominance: Right-handed ☐ Left-handed ☐ Not established ☐

What are the first three words that come to mind to describe this child?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

### INTELLECTUAL DEVELOPMENT

Compared to other children you have taught at this grade level, how would you rate this student in terms of :

Category	Area of Strength	Age Appropriate	Needs Growth	Area of Concern	Comments
<b>RECEPTIVE SKILLS</b>					
Follows directions given to a group					
Follows directions given individually					
Follows multiple step directions					
Understands stories read aloud					
Understands classroom discussion					
Memory for events and information					
<b>EXPRESSIVE SKILLS</b>					
Clarity of speech					
Vocabulary					
Ability to stay on discussion topic					
Word retrieval					
Appropriate syntax					
Tells story events in sequence					
<b>MATH</b>					
Number Sense					
Problem Solving Application					
<b>SOCIAL SKILLS</b>					
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with adults					
Resolves conflicts verbally					
Separation from parents/caregivers					
Ability to share					
Ability to wait for turn					
Respect for physical property					
Accepts responsibility for actions					
Frustration tolerance					
Ability to separate from parent					



Category	Exceptional	Good	Poor	None	Comments
<b>SOCIAL SKILLS (cont)</b>					
Sense of humor					
Curiosity					
Attention span/self-chosen activity					
Attention span/assigned activity					
Cooperative attitude					
Makes transitions easily					
Reacts well to new experiences					

**Usually chooses:** Large group ☐ Small group ☐ Alone ☐ **Usually takes role of:** Leader ☐ Follower ☐ Varies ☐

**COMMENT:** *Attach a separate page, if necessary.*

Please comment on the child's physical development, i.e. visual, auditory, and general health.

Please comment on the child's social/emotional development.

Please describe the child's work habits: pace, perseverance, independence, problem-solving, ability to work to completion, attitudes.

Has this student been evaluated for, or does he/she receive any special support such as an IEP, TAG, speech, counseling, or ESL? Please Describe.

Are you aware of any family circumstances that affect the student's life at school?

Please comment on parent cooperation, adherence to school policies, and involvement with the school.

**PLEASE SHARE ANY ADDITIONAL COMMENTS YOU MAY HAVE REGARDING THIS CHILD'S CANDIDACY FOR ADMISSION AT AGIA SOPHIA ACADEMY:**

Teacher Name *(please print)* \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_

May we contact you with additional questions? ☐ Yes ☐ No If so, when is the best time to reach you: \_\_\_\_\_

Contact Phone or E-mail: \_\_\_\_\_

*Thank you for your time and the helpful information you have provided.*

**Please send directly to: Agia Sophia Academy, 14485 SW Walker Road, Beaverton, OR 97006 or fax to 503-641-5951**



## AGIA SOPHIA ACADEMY

14485 SW Walker Road, Beaverton, OR 97006

Phone: 503-641-4600 Fax: 503-641-5951

www.AgiaSophiaAcademy.org

### ORTHODOX STUDENT VERIFICATION FORM

Dear Rev. Father,

Your parishioner, \_\_\_\_\_, is applying for admission to Agia Sophia Academy. In order to receive the tuition rate applicable to members of canonical Orthodox parishes, it is essential we receive confirmation that this child is Orthodox and that the family is considered a "member in good standing in your parish." Please complete this confidential form and return to Agia Sophia Academy as soon as possible. Thank you.

✘ Is this family a current member of your parish in good standing? ☐ Yes ☐ No

✘ How long have you known the applicant? \_\_\_\_\_

✘ When & where was the applicant baptized/chrisdated as an Orthodox Christian?

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

City/State: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

☐ This child is not yet baptized

Agia Sophia Academy educates the whole child by providing a rich academic curriculum, grounded in Orthodox Christian values, while fostering love of learning, personal responsibility and respect for each person. Please share your comments or concerns on the applicant and/or family's ability to contribute to and thrive within this environment:

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

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

Church: \_\_\_\_\_ City: \_\_\_\_\_

***Please fax or mail to:***

Agia Sophia Academy

Attn: Admissions

14485 SW Walker Road

Beaverton, OR 97006

Phone: 503.641.4600

Fax: 503.641.5951

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*Suggested criteria for a "member in good standing" are as follows:*

- 1. You are a pledged steward at your parish.*
- 2. You attend services regularly at your parish.*
- 3. You contribute regular financial support to your parish.*
- 4. You participate in parish ministries and programs through service hours of time & talent.*





# AGIA SOPHIA ACADEMY

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## **REQUEST FOR STUDENT RECORDS**

### **To Releasing School:**

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

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### **Please release all records for my child(ren) to the school listed below. Thank you.**

As a parent/ guardian of the child(ren) listed below, I hereby authorize the above named person and /or school to release all of the below records to Agia Sophia Academy to assist in program planning for my child(ren):

- |                          |                                    |
|--------------------------|------------------------------------|
| 1) Academic Reports      | 4) Specialized Instruction Records |
| 2) Psychological Reports | 5) Behavior Records                |
| 3) Health Records        |                                    |

*Student Name(s):*

*Current Grade Level:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please send all records to:**

Agia Sophia Academy  
Attn: Admissions  
14485 SW Walker Road  
Beaverton, OR 97006

Phone: 503.641.4600  
Fax: 503.641.5951



## **Agia Sophia Academy**

14485 SW Walker Road  
Beaverton, OR 97006

503.641.4600

**[www.ASAPDX.org](http://www.ASAPDX.org)**

