



# Agia Sophia Academy

## Enrollment Application Packet

**Mail completed application to:**  
**Agia Sophia Academy**  
Attn: Admissions  
14485 SW Walker Road  
Beaverton, OR 97006

**Fax to:** 503-641-5951  
**Email to:** [schooloffice@asapdx.org](mailto:schooloffice@asapdx.org)



# AGIA SOPHIA ACADEMY

14485 SW Walker Road, Beaverton, OR 97006

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

www.asapdx.org

## FOR OFFICE USE ONLY

Received On: \_\_\_\_\_

Paid via  BW  cash  check # \_\_\_\_\_

## ENROLLMENT APPLICATION

*Children must be 3 years old and completely potty-trained to enter our Montessori Program.*

*Children must be 5 years old by September 1st to enter Kindergarten or 6 years old to enter First Grade.*

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

Do you plan to apply for Financial Aid?  Yes  No

If Preschool:  Half-Day Program  Full-Day Program

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

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

What is your Neighborhood Public School: \_\_\_\_\_

Is the applicant baptized Orthodox?  No  Yes - Name used for communion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

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

Employer: \_\_\_\_\_

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

Primary Language Spoken/Read: \_\_\_\_\_

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

Has legal custody of student:  Yes  No

Is responsible for tuition:  Yes  No

Father's Name: \_\_\_\_\_

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

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

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

Employer: \_\_\_\_\_

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

Primary Language Spoken/Read: \_\_\_\_\_

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

Has legal custody of student:  Yes  No

Is responsible for tuition:  Yes  No

*\*If there is a court order in effect regarding parental access, you must submit a copy before the school can limit\**

Church currently attending: \_\_\_\_\_

Is it Orthodox?  Yes\*  No

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

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

Describe family's involvement in parish activities: \_\_\_\_\_

Attends Sunday School?  Yes  No

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

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

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

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

Does your child have an I.E.P (Individual Education Plan) or service plan?  No  Yes - *please submit a copy*

Has this student ever been retained a grade?  No  Yes - *in grade* \_\_\_\_\_

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

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

Academic Skill:  CD  UD  ID

Able to stay on task:  CD  UD  ID

Able to follow directions:  CD  UD  ID

Ability to work independently:  CD  UD  ID

Ability to organize one's self:  CD  UD  ID

Positive attitudes/behavior towards adult:  CD  UD  ID

Positive attitudes/behavior towards peers:  CD  UD  ID

*All students applying for admission may be required to complete an entrance interview or assessments to determine both 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

***\*\* 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?

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8. Does he/she have any allergies or chronic conditions that require medical treatment?  Yes  No  
*If yes, please explain:* \_\_\_\_\_

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9. What languages does your child regularly speak at home?

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10. To what other schools is your child applying?

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11. Are there other children in the home?  Yes  No  
*If so, what ages:* \_\_\_\_\_

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12. Are you planning to attend ASA for Elementary? (*Preschool Students Only*)  Yes  No  
What about for Middle School? (*Preschool/Elementary Students*)  Yes  No

**Additional Comments:**



## Confidential Teacher Recommendation (for Preschool/Kindergarten/1<sup>st</sup> grade Students)

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 ASA. 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:

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

Has this student been evaluated for or receive any special support such as an IEP, TAG, speech, counseling, or ESL? If yes, please describe:

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

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

**ANY ADDITIONAL COMMENTS YOU MAY HAVE REGARDING THIS CHILD'S CANDIDACY FOR ADMISSION AT ASA:**

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. You may also fax to 503-641-5951 or email to [schooloffice@asapdx.org](mailto:schooloffice@asapdx.org).**



# 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>
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Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
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Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>	Home Telephone Number <i>Número de Teléfono</i>
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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.

Complete for all date	Up-to- date	Medical	Non medical

**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>			
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 \_\_\_\_\_



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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 school to release all records to Agia Sophia Academy to assist in program planning for my child(*ren*), including but not limited to:

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

*Student Name(s):*

*Current Grade Level:*

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

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

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

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## 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/chrismated 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:***

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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.*