



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



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: _____

_____ Email: _____

Employer: _____ Business Phone: _____

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

Has legal custody of student: ☐ Yes ☐ No

Is responsible for tuition: ☐ Yes ☐ No

Father's Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

_____ Email: _____

Employer: _____ Business Phone: _____

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

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:

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

**** 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?

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

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

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

If yes, how many hours per week? _____

What shows or videos does your child usually watch? _____

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

(Temperament, anxieties, motor difficulties, developmental delays, physical restrictions, etc.) _____

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

6. What methods of discipline do you use?

Under what circumstances does your child require discipline at home:

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. 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/1st 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
RECEPTIVE SKILLS					
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					
EXPRESSIVE SKILLS					
Clarity of speech					
Vocabulary					
Ability to stay on discussion topic					
Word retrieval					
Appropriate syntax					
Tells story events in sequence					
MATH					
Number Sense					
Problem Solving Application					
SOCIAL SKILLS					
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
SOCIAL SKILLS (cont)					
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.



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 _____

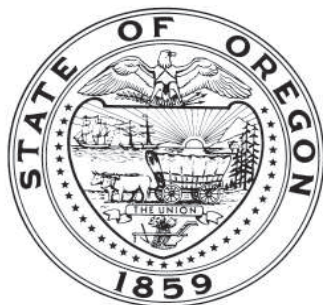
Update Signature _____ Date _____

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.

For school/facility use only
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 _____



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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:

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/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:

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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.