



# HAGIA SOPHIA CLASSICAL ACADEMY

Date Received: _____
Application Fee: _____

## Application for Admission

School Year \_\_\_\_\_

Date of Application \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Returning/New Student **R N**  
Please circle one

Applicant's Name (Student) \_\_\_\_\_  
Last First Middle Initial Name Used

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

Previous school attended \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
Please include title - Dr., Mr., Rev., etc.

Home Address \_\_\_\_\_  
If different from applicant

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
If different from applicant

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
Please include title - Dr., Mr., Rev., etc.

Home Address \_\_\_\_\_  
If different from applicant

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
If different from applicant

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

With whom does the student live? \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian

Parents are \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced

**Personal Information**

Has your child been referred for psychological or educational assessment? Yes/No. If yes, please briefly describe: \_\_\_\_\_

\_\_\_\_\_

Please describe any special needs: \_\_\_\_\_

Family Church Affiliation (if any): \_\_\_\_\_

In what activities has the applicant participated at school? \_\_\_\_\_

\_\_\_\_\_

What are the applicant's hobbies, interests, or activities outside school? \_\_\_\_\_

\_\_\_\_\_

**Family Information**

Please list the names and ages of other children in the family.

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

**Rankings**

Rank in order of importance regarding what attracted you to Hagia Sophia Classical Academy:

Classical Curriculum \_\_\_\_\_ Academic/Faculty Reputation \_\_\_\_\_

Christian Worldview \_\_\_\_\_ Location \_\_\_\_\_

Other \_\_\_\_\_ ( \_\_\_\_\_ )

Please specify

How did you first hear about HSCA? \_\_\_\_\_

**Student Release Information**

Each child will be released only to a parent or a person named by the parent. Please list the person or persons authorized by you to pick up your child.

Name \_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_

\*\*\*Name of person(s) not authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_

**Publicity Authorization**

Hagia Sophia Classical Academy anticipates using children’s pictures and names for publicity and news stories. Please mark the appropriate information for your child.

\_\_\_\_ I **do** give permission to Hagia Sophia Classical Academy to use my child’s picture and name for publication purposes.

\_\_\_\_ I **do not** give permission to Hagia Sophia Classical Academy to use my child’s picture and name for publication purposes.

**Emergency Contacts**

Please list below the names and phone numbers of persons to contact if your child becomes ill at school and you cannot be reached.

Name \_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_

**Field Trips**

Field trips are considered part of classroom instruction. By signing below, the parent/legal guardian gives permission for the child to take school-sponsored trips for the current school year. Notification of dates and locations will be sent home prior to any off-campus event.

Signature of parent or guardian \_\_\_\_\_ Date\_\_\_\_\_

**For Students Entering Grades 7 thru 12**

In your own words, please describe why you are interested in Hagia Sophia Classical Academy:

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What is your favorite book? Why?

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What is your favorite subject in school? Why?

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Describe a hobby, activity, or cause that means a lot to you and tell us why.

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**Authorization for Medical Treatment of Minors**

\_\_\_\_\_  
Name of Minor Date of Birth

Allergies, special conditions, or medications: \_\_\_\_\_  
\_\_\_\_\_

I/we being the parent(s) or legal guardian(s) of the above-named minor, do hereby appoint the faculty and staff of Hagia Sophia Classical Academy to act on my/our behalf in authorizing unexpected medical, dental, hospitalization, and surgical care for the above-named minor during the period of my/our absence. This document shall be presented to a physician, dentist, or appropriate hospital representative at such a time as unexpected medical, dental, hospitalization or surgical care may be required.

Insurance company/government program: \_\_\_\_\_

ID, group or contract number: \_\_\_\_\_

Preferred hospital(s): \_\_\_\_\_

Family physician or pediatrician: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Street City State Zip Code

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby state that the information I have provided in this application is accurate and complete.

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



**Hagia Sophia Classical Academy admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the Academy. It does not discriminate on the basis of race, color, disability, national or ethnic origin in administration of its educational policies, admissions policies, financial aid programs, and other school-administered programs.**