

Hagia Sophia Classical Academy

Family/Student Application



HAGIA
SOPHIA



Hagia Sophia Classical Academy

Date Received: _____
Application Fee: _____
Handled By: _____
(For Office Use Only)

Family Application (One Per Family)

Father

_____ name (please include title – Dr., Mr., Rev., etc.)

_____ - _____ - _____ cell phone

_____ street

_____ - _____ - _____ work phone

_____ city _____ state _____ zip

_____ - _____ - _____ home phone

_____ employer _____ position

_____ email

_____ highest degree and area of education

_____ college(s) attended (if applicable)

Mother

_____ name (please include title – Dr., Mrs., Miss., Rev., etc.)

_____ - _____ - _____ cell phone

_____ street

_____ - _____ - _____ work phone

_____ city _____ state _____ zip

_____ - _____ - _____ home phone

_____ employer _____ position

_____ email

_____ highest degree and area of education

_____ college(s) attended (if applicable)

Church Affiliation _____ # Children in Household _____

List All Children In Household	Birth Date	Rising Grade	Applying for Admission
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent(s) are ___ Married ___ Separated ___ Divorced ___ Single

List any current HSCA families we may contact for a reference. _____

How did you learn about HSCA? _____

We certify that all the information on this application is true and complete.

Patent's/Guardian's Signatures _____ Date _____

_____ Date _____

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Hagia Sophia Classical Academy warmly welcome students and families of all Christian expressions, other faiths, or of no faith, as long as they understand who we are and are willing to participate with us in a genuine, reflective and respectful manner. We admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national and ethnic origin in administration of our educational policies, admissions policies, scholarship & loan programs, & athletic and other school-administered programs.



# Hagia Sophia Classical Academy

## Student Application *(one per Student)*

Student's Name \_\_\_\_\_ Applying for grade \_\_\_\_\_

Current School \_\_\_\_\_ Applying for year \_\_\_\_\_

Student's current grade \_\_\_\_\_ (recently completed grade for summer applicants)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

Submit the following with your application

- Most recent standardized testing
- Attendance record
- Report card
- Immunization records

Describe the applicant's education history (previous schools, classes, curriculum used).

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Describe the applicant's extracurricular history or achievements.

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Has the applicant been tutored?  Yes  No

Has the applicant been subject to disciplinary action?  Yes  No

Has the applicant skipped or repeated a grade?  Yes  No

Has the applicant had any learning problems?  Yes  No

Has the applicant had any behavioral problems?  Yes  No

Does the applicant have any physical disabilities or illnesses?  Yes  No

Are you aware of any issues that may affect the applicant's behavior or academics?  Yes  No

If yes to any of these questions, please provide a complete explanation. If more space is required, attach a separate page.

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# Hagia Sophia Classical Academy

## **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 \_\_\_\_\_ 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 (\_\_\_\_\_) \_\_\_\_\_

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

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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 _____



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Hagia Sophia Classical Academy

For Students Entering Grades 7 thru 12

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

What is your favorite book? Why?

What is your favorite subject in school? Why?

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



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