

Family/Student Application



MISSION STATEMENT

Hagia Sophia Classical Academy will provide a curriculum that emphasizes mastery, connection between disciplines, knowledge with purpose, wisdom, and virtue. We will prepare our students to approach life and vocation with exceptional skill, faith, humility, and honor, having as its source Jesus Christ – the Wisdom, Word, and Son of God. We will educate the whole human person: mind, heart, and body. We will educate students based upon Classical academics combined with Orthodox Christian values. We will offer the Classical curriculum of the seven liberal arts and the four sciences.

VISION STATEMENT

We desire that all students embrace a lifelong love of Wisdom and learning. We believe that God made each child a rational being with the desire and ability to learn and grow in Truth. All Truth, Goodness, and Beauty in creation are a witness to God's love for us. We desire that each child comes of age with a strong mind and heart, learning virtue and character to live purely, work eagerly, contemplate clearly, listen attentively, discern wisely, reason rightly and articulate accurately. We desire that our children will do all this willfully from their hearts as an act of worship for the glory of the Triune God – the Father, the Son, and Holy Spirit.

NON DISCRIMINATION POLICY

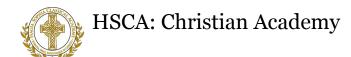
HSCA: A Christian Academy, a co-educational parochial school of Sts. Constantine and Elena Orthodox Church warmly welcomes students and families of all Christian expressions, other faiths, or of no faith as long as they understand who we are and are willing to participate with us in a genuine, reflective, 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, or national and ethnic origin in the administration of our educational policies, admissions policies, scholarship & loan programs, & athletic and other school-administered programs.



Family Application (One Per Family)

Father

			_	_	
name (please inclu	ude title – Dr., Mr., Rev., et	c.)	cell phone		
street			work phone		
city	state	zip	home phone		
employer	position		email		
highest degree and area of education			college(s) attend	led (if applicable)	
Mother					
name (please inclu	ude title – Dr., Mr., Rev., et	c.)	cell phone		
street			work phone		
city	state	zip	home phone		
employer	position		email		
highest degree and	d area of education		college(s) attend	led (if applicable)	
Church Affiliati	ion		# Children in	the Household _	
Li	ist All Children In Hou	ısehold	Birth Date	Rising Grade	Applying for Admission
					\square Yes \square No
					\square Yes \square No
					\square Yes \square No
					\square Yes \square No
					\square Yes \square No
					\square Yes \square No
Parent(s) are	Marrie		Separated		Single
List any curre	ent HSCA families w	e may contac	t for a reference		
How did you	learn about HSCA?				
We certify that a	all the information on th	is application is	true and complete		
THE CEITING HIAL O	an the information on th	is application is	a ac ana complete.		
Parent's/G	uardian's Signati	ures		Date	



Student Application (one per Student)

Student's Name						
Current School						
Student's current grade (for summer applicants, state the grade recently completed) Applying for grade Date of Birth//						
					Gender: □Boy □Girl Student's Social Security Number	
With whom does the student live? \square Both Parents \square Mother \square Father \square Guardian \square	□Other					
Submit the following with your application ☐ Most recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent standardized testing ☐ Attendance record ☐ Report card ☐ Immunization recent for the policy of the polic	ecords					
Describe the applicant's education history (previous schools, classes, curriculum use	ed).					
Describe the applicant's extracurricular history or achievements.						
Has the applicant been tutored?	□Yes □No					
Has the applicant been subject to disciplinary action?	\square Yes \square 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? 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 attach a separate page.						

Student Release Information

persons authorized by you t	o pick up your child.
Name	Phone ()
***Name of person(s) not a	uthorized to pick up your child:
Publicity Authorization	
	lemy anticipates using children's pictures and names for publicity and news propriate information for your child.
I do give permission to Hag	ia Sophia Classical Academy to use my child's picture and first name for publication purposes
I do not give permission to publication purposes.	Hagia Sophia Classical Academy to use my child's picture and first name for
Emergency Contacts	
Please list below the names and you cannot be reached.	and phone numbers of persons to contact if your child becomes ill at school
Name	Phone ()
Name	Phone ()
Name	Phone ()
Nama	Phone (

Each child will be released only to a parent or a person named by the parent. Please list the person or



Student Consent and Permission Form

I (We) as the parent(s) or guardian(s) of the aforementioned child (children) give permission for them to participate in all student field trips or other activities of Hagia Sophia Classical Academy, 3237 West 16th Street, Indianapolis, IN 46222 for the duration of the school year.

I also consent to the transportation of my (our) child to any student field trip or other activities by the Academy, its faculty, board members or volunteers. My (our) child and I (we) will *not* hold Hagia Sophia Classical Academy, its faculty, board members or volunteers liable or responsible for any consequences, financial or otherwise, that arise or are in any way related to participation in student field trips or other activities or transportation. This consent will continue for the duration of the academic school year or until explicitly revoked.

Parent or Guardian Signatures

Release and Waiver for Physical Education

As a student myself or as the parent/legal guardian of a child attending Physical Education class at Hagia Sophia Classical Academy (HSCA), I acknowledge and understand that a risk of personal injury may be involved in any physical activity including during Physical Education classes. I hereby waive, release, and forever discharge all rights and claims from damages that I may have against the instructors, directors or any other persons involved with HSCA, Sts. Constantine and Elena Orthodox Church in Indianapolis (SCEOCI). I further release and discharge HSCA, SCEOCI, WMAA, its agents, instructors, directors or any other persons involved from liability for any such damages or injuries, including physical, mental, or emotional damages or injuries. This consent will continue for the duration of the academic school year or until explicitly revoked.

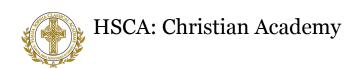
Parent/Guardian Signature_____



Physician's Name:

CONSENT TO ADMINISTER PRESCRIPTIONS AND PARENT-SUPPLIED **OVER-THE-COUNTER MEDICATIONS** ______, hereby authorize the school administrator designated personnel to give my child, _______, the medication(s) listed below. Child's Birthdate: _____ / ____ Grade: _____ Sex: _____ Race: _____ *List all allergies:* Medication Name #1: Dosage: Time to be given at school: Start Date: End Date: ____ AM ____ PM PRN every ____ hours when ____ Physician's Name: Physician's Phone #: Medication Name #2: Dosage: Time to be given at school: Start Date: End Date: ____ AM ____ PM PRN every ____ hours when ____ Physician's Name: Physician's Phone #: Medication Name #3: Dosage: Time to be given at school: Start Date: End Date: ____ AM ____ PM PRN every ____ hours when ____ Physician's Name: Physician's Phone #: Medication Name #4: Dosage: Time to be given at school: Start Date: End Date: ____ AM ____ PM PRN every ____ hours when

Physician's Phone #:



Medication Name #5:	Dosage:	
Time to be given at school: AM PM	Start Date:	End Date:
PRN every hours when		
Physician's Name:	Physician's Phone #:	
Medication Name #6:	Dosage:	
Time to be given at school:	Start Date:	End Date:
PRN every hours when		
Physician's Name:	Physician's Phone #:	
Medication Name #7:	Dosage:	
Time to be given at school:	Start Date:	End Date:
AM PM PRN every hours when		
Physician's Name:	Physician's Phone #:	
Parent/Guardian Signature:		

All prescription medications must be brought to the school administrator in the bottles or box that they were dispensed in from the pharmacy and with the original pharmacy label. Prescription medication will be dispensed as directed on the pharmacy label. If an antibiotic is prescribed by your doctor to be taken 3 times a daily, it is recommended that it be given before school, after school and at bedtime. This will maintain the level of medication in the body that is necessary for the best results, and you will not have to send the medication to school.

Parent/Guardian Print Name:

Date: _____

Over the counter (OTC) medications of any kind will not be given for more than 7 consecutive days. Please send only the amount that is needed at school for 7 days. All OTC medicines must be in the ORIGINAL PACKING. Please LABEL CONTAINER with your child's name, date of birth, parent's name and a phone number. Medications that are not sent to school in this manner cannot be given to your child. If a doctor has ordered OTC medication to be given daily or for more than 7 consecutive days, a prescription or the doctor's order MUST accompany this medication.

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 faculty and staff of Hagia Sophia Classical Acade inexpected medical, dental, hospitalization, and the period of my/our absence. This document slappropriate hospital representative at such a tingurgical care may be required.	emy to act on my/our b d surgical care for the a nall be presented to a p	ehalf in autho bove-named r hysician, dent	orizing minor during ist, or
Insurance company/government program:			
ID, group or contract number:			
Preferred hospital(s):			
Family physician or pediatrician:	Phone ()	
Physician's Address:	City	State	Zip Code
Parent or Guardian Signature		Date	
Witness Signature		Date	
I hereby state that the information I have provid	led in this application i	is accurate and	l complete.
Signature of Parent or Guardian		_Date	

<u>Students Short Answer Questions</u> Do you want to attend Hagia Sophia Classical Academy? Please tell us why in your own words?

Do you assent to the HSCA Honor Code and the policies of the Parent-Student Handbook?
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.



Parent Short Answer Questions

Instructions: Please answer each question below with three or four sentences. Feel free to expound more if necessary. We assume the answers are representative of both parents' views. If there is a difference between views, please include the other parent's response.

Please describe the strengths and the weaknesses of your child's current/previous education.
What are the three top reasons you have chosen HSCA?
What are your three top educational priorities for your child?
We do not teach gender identity as a social construct, sex education, nor do we teach Critical Race Theory. Is this a problem? Why or why not?



While embracing all Christians, we teach from a perspective of Orthodox Christian values? Do you see this as a problem? If so, what are those concerns or questions?
HSCA has a classical curriculum. Do you have questions about a classical curriculum?
What is something significant about which you have changed your mind?
How does your child feel/think about the possibility of attending Hagia Sophia Classical Academy? I you are applying for more than one child, please answer separately for each child.