



HSCA  
CHRISTIAN ACADEMY

## Family/Student Application



# HSCA

## CHRISTIAN ACADEMY

### **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.



# HSCA: Christian Academy

## Family Application (*One Per Family*)

### Father

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

street

city state zip

employer position

highest degree and area of education

cell phone

work phone

home phone

email

college(s) attended (if applicable)

### Mother

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

street

city state zip

employer position

highest degree and area of education

cell phone

work phone

home phone

email

college(s) attended (if applicable)

Church Affiliation \_\_\_\_\_ # Children in the Household \_\_\_\_\_

List All Children In Household

Birth Date

Rising Grade

Applying for Admission

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ 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.

Parent's/Guardian's Signatures \_\_\_\_\_ 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? ☐ 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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## **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 first name for publication purposes.

\_\_\_\_\_ I **do not** give permission to Hagia Sophia Classical Academy to use my child's picture and first 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 (\_\_\_\_\_) \_\_\_\_\_



# HSCA: Christian Academy

## **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.

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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 \_\_\_\_\_



# HSCA: Christian Academy

## CONSENT TO ADMINISTER PRESCRIPTIONS AND *PARENT-SUPPLIED* OVER-THE-COUNTER MEDICATIONS

I, \_\_\_\_\_, 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: ____ AM ____ PM PRN every ____ hours when _____		Start Date:	End Date:
Physician's Name:		Physician's Phone #:	
Medication Name #2:		Dosage:	
Time to be given at school: ____ AM ____ PM PRN every ____ hours when _____		Start Date:	End Date:
Physician's Name:		Physician's Phone #:	
Medication Name #3:		Dosage:	
Time to be given at school: ____ AM ____ PM PRN every ____ hours when _____		Start Date:	End Date:
Physician's Name:		Physician's Phone #:	
Medication Name #4:		Dosage:	
Time to be given at school: ____ AM ____ PM PRN every ____ hours when _____		Start Date:	End Date:
Physician's Name:		Physician's Phone #:	



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

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

Date: \_\_\_\_\_

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

*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.*

*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.*





# HSCA: Christian Academy

## **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 \_\_\_\_\_

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 \_\_\_\_\_



## **Students Short Answer Questions**

Do you want to attend Hagia Sophia Classical Academy? Please tell us why in your own words?

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

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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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# HSCA: Christian Academy

## **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.

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What are the three top reasons you have chosen HSCA?

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What are your three top educational priorities for your child?

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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?

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## HSCA: Christian Academy

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?

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HSCA has a classical curriculum. Do you have questions about a classical curriculum?

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What is something significant about which you have changed your mind?

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How does your child feel/think about the possibility of attending Hagia Sophia Classical Academy? If you are applying for more than one child, please answer separately for each child.

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