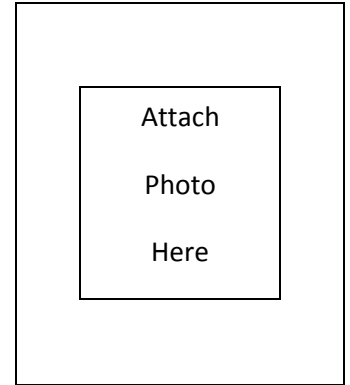




SOPHIA ACADEMY
Application for Admission



APPLICANT Student Name _____
Last First MI Prefers to be called

Home Address _____
Street

_____ City State Zip County

Birth Date _____ Age _____ Current Grade _____

Gender _____ Social Security Number _____

Religion _____ Ethnicity _____

Applicant resides with Both Parents Mother Only Father Only
 Grandparents Other _____

MOTHER Name _____
Dr./Mrs./Ms. Last First MI

Home Address _____
(if different from applicant)

Home Phone _____ Mother's Cell _____ Home Email _____

Employer _____ Title _____

Work Address _____

Work Phone _____ Work Email _____

FATHER Name _____
Dr./Mr. Last First MI

Home Address _____
(if different from applicant)

Home Phone _____ Father's Cell _____ Home Email _____
(if different from applicant) (if different from applicant)

Employer _____ Title _____

Work Address _____

Work Phone _____ Work Email _____

STEP-PARENT

Name _____

Or Dr./Mrs./Ms./Mr. Last First MI

GUARDIAN Home Address _____
(if applicable) (if different from applicant)

Home Phone _____ Cell _____ Email _____

Employer _____ Title _____

Work Address _____

Work Phone _____ Work Email _____

FINANCIAL

Please send financial correspondence to _____

I am interested in securing information about financial assistance through

_____SB10 (only applicable if the applicant has an IEP) _____GOAL Scholarship (income-based award)

*You will find a link to information about these programs on the Sophia Academy website or you may access them through <http://public.doe.k12.ga.us/sb10.aspx> or http://www.goalscholarship.org/about_goal/page/history

FAMILY AND EDUCATIONAL HISTORY

Names/Ages/Schools of all other children in family

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all schools applicant has previously attended

School	Grades Attended	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant ever been subject to major disciplinary action in any school? ___Yes___No

If yes , please describe _____

SPECIAL PROGRAMS AND TESTING

Has the applicant ever been **recommended** for any special program such as: (check any that apply)

____ Talented/Gifted

____ Learning Difference

____ ADD/ADHD

____ Speech/Language

____ Occupational Therapy

____ Other _____

Has the applicant ever been **tested** for placement in one of these programs? ____ Yes ____ No

Date of most recent testing _____

Name of Psychologist or other professional who did testing _____

Is the applicant currently participating in or receiving services at their present school? ____ Yes ____ No

If yes, please describe _____

Does the applicant take any medication on a regular basis? ____ Yes ____ No Please list _____

Does the applicant have any significant medical conditions that we need to be aware of? _____

The Admissions Committee will not be able to act on any application which fails to include copies of the most recent psychological or IEP testing (if applicable), teacher recommendation forms, and report cards from the applicant's current school year. Please note that all relevant psychological, educational, and medical information must be submitted. Any relevant information withheld may jeopardize your child's eligibility. It is the parent's responsibility to secure copies of all reports and documents and forward or deliver them to Sophia Academy Admissions Office. In addition, the Woodcock Johnson III Tests of Achievement will be administered to all applicants unless you are otherwise advised.

APPLICATION AGREEMENT

The information provided herein is the sole property of Sophia Academy and is accurate and contains all information requested. We have neither omitted nor embellished any facts relating to our child's application. By signing below, I certify that all information contained in this application is complete and accurate to the best of my knowledge. I understand that Sophia Academy reserves the right to amend or withdraw offers of admission due to mitigating circumstances, changes in information, student's standing or other reason as determined by the Admissions Committee.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

*** A \$100 non-refundable processing and record review fee must be enclosed with this form in order for the application to be processed. Please make checks payable to Sophia Academy.**

Sophia Academy
Office of Admissions
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www.sophiaacademy.org