



AGIA SOPHIA ACADEMY

Student Forms

**2018-2019
Academic Year**

*Please Fill Out and Return to the School Office
by August 15th, 2018*

Agia Sophia Academy
14485 SW Walker Road
Beaverton, Oregon 97006
www.asapdx.org

Phone: 503.641.4600
Fax: 503.641.5951

Forms Checklist

*This packet contains 1 copy of each of the form needed per family,
plus 1 copy of each of the forms needed per student.*

*Please do not include multiple students on the Medical & Media forms.
If you have additional children, extra forms are available in the office.
Thank you.*

**** PLEASE NEATLY PRINT OR TYPE ALL INFORMATION ONTO FORMS ****
*** MAKE SURE TO SIGN & RETURN DOCUMENTS ***

Due August 15th, 2018:

- Handbook Agreement Form (*Also found on the first page of handbook*)
- Medical Information & Consent Form (*complete a separate form for each student*)
- Authorization for Student Pickup (*May attach additional sheets if needed*)
- Parent Expectations for Student Success
- Media Release Form (*complete a separate form for each **NEW** student*)
- Directory Information (*Draft Directory will be available for corrections the second week of school – please make sure information was typed in correctly before we provide Parent copies in FIF's*)

Due May 31st, 2019:

- Share Hours Log – May 31, 2018 deadline (*Use this log to record hours off campus hours, then submit to the master Share Hour Binder at ASA. Please round hours to the nearest ¼ hour*)

Optional Forms:

- Change of Address Form
- Pre-Arrange Absences Form (*due at least 5 school days before travel date*)
- Immunization Updates (*if your child has received additional vaccinations since completing the Immunization requirement form, please stop by the office to record these new shots or have your doctor fax a copy of your current immunization records.*)
- Background Check: If you are planning on volunteering at the school (lunch duty, classroom, etc) please submit a request for screening at http://www.coeusglobal.com/council_or_asapdx. (*Our policy requires all parents & volunteers working with the students to submit to a background check once every 3 years.*)



Agia Sophia Academy Policy Handbook Agreement

Please sign below to acknowledge that you have read and understand the Agia Sophia Academy Handbook for 2018-2019. If this applies, both parents/guardians must sign and date below.

**Please mail or deliver this form to the Agia Sophia Academy office no later than
August 15th, 2018*.**

Failure to do so will result in a \$10 fine accrued for each school day this agreement is late.

I/We, _____ have read the Agia Sophia Academy Handbook for 2018-2019, and in the spirit of cooperation, have discussed it with our child(ren). We agree as a family to follow and uphold the school policies and practices at all times while on the school property. We understand that if either we or our child(ren) violates this agreement, our child(ren), at the discretion of the school, may be subject to revocation of acceptance, suspension, or expulsion.

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Student #1 Signature _____ Grade _____

Student #2 Signature _____ Grade _____

Student #3 Signature _____ Grade _____

Student #4 Signature _____ Grade _____

* For mid-year enrollment, please return this form to the ASA office by _____.

Date received by Agia Sophia Academy: _____



2018-2019 Medical Information & Consent Form

(information will be kept strictly confidential; however, food allergies will be posted in the lunch room for food sharing purposes)

Student's Legal Name: _____

Preferred Name: _____ Grade: _____ Birthdate: _____

Emergency Contacts: list in call priority, you must list at least 3 contacts in addition to parents. *(Relatives, Family Friends, co-worker – someone who can pick up your child in the event you are unable to be reached)*

Parent Name: _____ Relationship: _____

Daytime Phone #: _____ Cell #: _____

Parent Name: _____ Relationship: _____

Daytime Phone #: _____ Cell #: _____

Name #1: _____ Relationship: _____

Daytime Phone #: _____ Cell #: _____

Name #2: _____ Relationship: _____

Daytime Phone #: _____ Cell #: _____

Name #3: _____ Relationship: _____

Daytime Phone #: _____ Cell #: _____

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Medical Information:

Known allergies: *(Please list below any allergies to foods, drugs, insect stings, etc)* No known allergies

Known illness or medical conditions we should be aware of: *(describe below)* No known conditions

Current Medications: *(list product name, dose, how often taken, and side effects)* Not on medications

Consent for Medical Care:

For the 2018-2019 school year, in the event that I cannot be reached in an EMERGENCY, Agia Sophia Academy is authorized to call 911 and/or utilize the emergency room of the nearest hospital if deemed necessary. I hereby give permission to the attending physician to administer appropriate emergency treatment, to hospitalize, and/or to order injections/anesthesia/surgery for my child as named above. Furthermore, I understand I am financially responsible for charges incurred and authorize the physician to release information requested by the insurance company.

Signed (parent/guardian): _____

Print: _____ Date: _____



AUTHORIZATION FOR STUDENT PICK-UP FORM 2018-2019 SCHOOL YEAR

PLEASE MAKE SURE THESE INDIVIDUALS HAVE A PICKUP PERMIT FOR YOUR CHILD. YOU DO NOT NEED TO INCLUDE ASA PARENTS, HOWEVER, WRITTEN (NOTE OR EMAIL) COMMUNICATION MUST BE SENT TO THE OFFICE.

Child(ren) Name: _____

Parents / Guardians

Mother's Name: _____ Drivers License: _____

Home Phone: _____ Work #: _____ Cell #: _____

Father's Name: _____ Drivers License: _____

Home Phone: _____ Work #: _____ Cell #: _____

Other Individuals Authorized to Pick-up Child

Name: _____ Relation to Child: _____

Driver's License: _____ Date of Birth: _____

Home Phone: _____ Work #: _____ Cell #: _____

Name: _____ Relation to Child: _____

Driver's License: _____ Date of Birth: _____

Home Phone: _____ Work #: _____ Cell #: _____

Name: _____ Relation to Child: _____

Driver's License: _____ Date of Birth: _____

Home Phone: _____ Work #: _____ Cell #: _____

Name: _____ Relation to Child: _____

Driver's License: _____ Date of Birth: _____

Home Phone: _____ Work #: _____ Cell #: _____

I, _____, the parent/guardian of _____
authorize the above people to pick up my child from school and or to drop him/her off at school.

Parent/Guardian Signature

Date



2018-2019 Parental Expectations for Student Success

I, as a parent, must first become familiar with the established mission statement of Agia Sophia Academy. I can contribute to the pursuit of that vision and the success of our children when I do the following:

1. Become informed and knowledgeable about the curricular, co-curricular, and student support programs available to students by:
 - a. Carefully reviewing school publications such as the Parent/Student Handbook.
 - b. Attending and participate in Parent Information events sponsored by the school.
 - c. Reading the *Monthly Messenger* newsletter each time.
 - d. Reading / using the ASA website and Facebook page (if able).
2. Assist our children in making important educational decision by:
 - a. Attending all parent-teacher conferences, including child-led conferences.
 - b. Helping them set educational goals appropriate to their individual capabilities, interest, and needs.
 - c. Encourage involvement in school activities and events
3. Engage in open and timely communication with the school by:
 - a. Promptly completing and returning any documents requested by the school.
 - b. Responding to the school's feedback about our children's academic progress and behavior
 - c. Advising school personnel of any special circumstances or needs of our children
 - d. Being proactive in asking questions, expressing concerns, and seeking information
4. Become actively involved in the life of the school by:
 - a. Attending school programs & sponsored events
 - b. Participating in parent support groups such as PTP, task forces & committees, and so on.
 - c. Volunteering regularly at the school
 - d. Promoting ASA to the extended community
5. Help our children become responsible, self-reliant members of the school community by:
 - a. Teaching them to accept responsibility for their own learning, decision and behavior
 - b. Insisting they observe the rules of the school whenever on campus
 - c. Demonstrating respect, communications, consideration and cooperation in dealing with others and expecting our children to do the same.
6. Create a supportive environment for learning in our homes by:
 - a. Modeling the importance of lifelong learning
 - b. Providing a quiet time, routine and place for homework and study
 - c. Helping our students make connection between their learning experiences and their everyday lives
 - d. Expecting achievement and offering encouragement
7. Promote healthy lifestyles by:
 - a. Modeling and supporting responsible lifestyle choices
 - b. Monitoring our children's activities and responding to behavior which jeopardizes their well-being.
 - c. Discussing and developing family healthy habits with regard to physical activities, TV use, computer games, and other media.

I agree to support our children success at ASA as stated above:

Signature _____

Date _____

Print Name _____



MEDIA RELEASE FORM

TO COMPLY WITH STATE AND COPYRIGHT LAWS, ASA NEEDS A PARENT OR LEGAL GUARDIAN'S SIGNATURE TO INCLUDE STUDENT IMAGES OR WORK IN PUBLICATIONS SUCH AS SCHOOL NEWSLETTERS, NEWSPAPERS, BANNERS/SIGNS, WEBSITES, VIDEOS OR OTHER PUBLIC DOCUMENTS.

Agia Sophia Academy publishes student images in our weekly newsletter to parents, quarterly newsletter or appeals for donors, as well as various school recruitment/ advertisements. Printed publications, displays, websites, and other media outlets have become an important communication tool for schools and are an essential part of how we connect with friends, donors, and community members.

Student Name: _____
(please complete one for NEW each student)

- I, _____, authorize Agia Sophia Academy to use my child's image, as well as classroom work, for promotional purposes (i.e. newsletters, brochures, web site, video, etc.) I understand that my child's name will not be published with his/her image.
- I do not authorize use of my child's image in any Agia Sophia Academy publications or promotional materials. My child's image will not be included on the website, hallway bulletin boards, or ASA publications.

I understand this authorization will remain in effect even after the designated school year is completed, unless I notify the school of any changes.

Parent/Guardian Signature

Date



ASA SCHOOL DIRECTORY 2018-2019

ASA PUBLISHES A YEARLY DIRECTORY WITH CONTACT INFORMATION FROM EACH FAMILY AT SCHOOL AS A RESOURCE TO HELP INSTILL COMMUNICATIONS BETWEEN PARENTS. THIS DIRECTORY IS DISTRIBUTED SOLELY TO ASA STUDENT, PARENTS & TEACHER AND WILL NOT BE PUBLISHED ONLINE.

- Please publish the following Contact Information in the Agia Sophia Academy 2018-2019 School Directory:
(Note: you may include as little or as much contact information as you like published)

(PRINT CLEARLY)

LAST NAME:

PARENTS NAME(S):

STUDENTS NAME(S):

HOME PHONE:

ADDITIONAL NUMBERS: PLEASE SPECIFY: WHO & TYPE (WORK, CELL, ETC.)

MAILING ADDRESS:

CITY, STATE ZIP:

MAJOR CROSS-STREETS:

E-MAIL(S):

- I do NOT wish to be added to the school directory.

****Note to families starting mid-school year:***

While we will not reprint the directory, by providing this form to the office you hereby give ASA permission to share the above listing information to parents who ask us for it.



Record of Family's Share Hours for 2018-2019

(Hours earned between June 2017 – May 2018)

PLEASE KEEP TRACK OF YOUR SHARE HOURS AT HOME AND ENTER THEM INTO THE BINDER LOCATED ON THE ENTRYWAY TABLE ON OR BEFORE MAY 31ST.

Deadline for completion of Share Hours is May 31st! Submissions of hours must be received by 3pm on May 31st to be counted. (Hours should be rounded to the nearest quarter-hour)

Family Name: _____

Hours Required: 40 hours (full-day students) 20 hours (half-day students/single parent)

	DATE	TIME		HOURS <i>(rounded to the nearest quarter-hour)</i>	TEACHER, LOCATION, FUNCTION AND/OR PROJECT
		Mo/Day/Yr	IN		
Example	7/10/10	8:45a	10:00a	1.25	Bulletin Board Decorating
	8/16/11	7:00p	8:30p	1.5	PTP Committee Meeting Attendance
Hours earn on this page:					Total Hours Earned:

Share Hour Examples: Lunch duty, field trip chaperones, work done (at home or school) for teachers or office staff including special projects, attending PTP or other ASA committee meetings, serving on the school board, coordinating school fund-raisers, helping with PTP sponsored event, etc.

I am choosing to Opt-Out of my Share Hours, attached is a check for \$600 payable to ASA.



CHANGE OF ADDRESS FORM

HELP KEEP OUR RECORDS UP-TO-DATE. PLEASE RETURN THIS FORM TO THE OFFICE IF YOUR MAILING OR PHYSICAL ADDRESSES HAVE CHANGED. THANK YOU!

Name: _____

As of _____ please update our:

Old Address: _____

City, State Zip: _____

With the following information:

New Address: _____

City, State Zip _____

Phone(s): _____

Email(s): _____

Additional notes:
