



# AGIA SOPHIA ACADEMY

## Student Forms

**2011-2012  
Academic Year**

*Please Fill Out and Return to the School Office  
by September 15<sup>th</sup>, 2011*

Agia Sophia Academy  
14485 SW Walker Road  
Beaverton, Oregon 97006  
**[www.asapdx.org](http://www.asapdx.org)**

Phone: 503.641.4600  
Fax: 503.641.5951



# 2011-2012 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 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Grade: \_\_\_\_\_

## **Emergency Contacts:** *(list in call priority)*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Student's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Medical Information:**

Known allergies to foods, drugs, insect stings, etc:

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Known illness or medical conditions we should be aware of, please describe below:

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Current Medications: *(please list product name, dose, how often taken, and side effects)*

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## **Consent for Medical Care:**

For the 2011-2012 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: \_\_\_\_\_



## CRIMINAL BACKGROUND CHECK FORM

*SUBMIT IF YOU HAVE NOT SUBMITTED ONE IN PRIOR YEARS  
AND PLAN ON WORKING WITH THE CHILDREN HERE AT ASA  
(I.E. LUNCH MONITOR, CLASSROOM AID, CHAPERONE, ETC)*

**Name:** \_\_\_\_\_

*Last First Middle*

**Alias/Maiden Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*Month Day Year*

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

I understand it is ASA's policy to require a background check for the safety and well-being of the students. I therefore authorize Agia Sophia Academy to run a criminal background check on myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## CRIMINAL BACKGROUND CHECK FORM

**Name:** \_\_\_\_\_

*Last First Middle*

**Alias/Maiden Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*Month Day Year*

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

I understand it is ASA's policy to require a background check for the safety and well-being of the students. I therefore authorize Agia Sophia Academy to run a criminal background check on myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PERMISSION TO PUBLISH FORM  
2011-2012 SCHOOL YEAR**

I, \_\_\_\_\_, authorize Agia Sophia Academy to use photographs, as well as children's work, for promotional purposes (i.e. newsletters, brochures, web site, etc.) All original work will be returned. I understand that my child's name will not be published with his/her photo.

*Please list all students / family members who agree to take part.*

_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
Date

**REQUEST TO EXCLUDE**

I, \_\_\_\_\_, do *not* authorize Agia Sophia Academy to:  
*(check all that apply)*

- Use any photos of my children and/or family for promotional purposes
- Use any work of my children for promotional purposes

*Please exclude the following members of our family from all publications:*

_____	_____
_____	_____

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

\_\_\_\_\_  
Date



**AUTHORIZATION FOR STUDENT PICK-UP FORM**  
**2011-2012 SCHOOL YEAR**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parents / Guardians**

Father's Name: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother'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 #: \_\_\_\_\_

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



## PRE-ARRANGED ABSENCE FORM

PLEASE FILL OUT AND RETURN TO THE OFFICE WHENEVER YOUR ELEMENTARY CHILD WILL BE ABSENT FROM SCHOOL FOR MORE THAN 2 DAY.

Student: \_\_\_\_\_

Date of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

### Assignments to be completed:

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Teacher Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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



# Record of Family's Share Hours for 2011-2012

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

*Deadline for completion of Share Hours is May 31<sup>st</sup>! Submissions of hours must be received by 3pm on May 31<sup>st</sup> to be counted.*

Family Name: \_\_\_\_\_

Hours Required:  40 hours       20 hours

	DATE	TIME		TOTAL HOURS (One category per line)			TEACHER, LOCATION, FUNCTION AND/OR PROJECT
	Mo/Day/Yr	IN	OUT	School	PTP	Other	
Example	7/10/10	8:45a	10:00a	1.25			Bulletin Board Decorating
	8/16/11	7:00p	8:45p		1.75		PTP Committee Meeting Attendance
<b>Total Hours</b> (this page / this school year)				/	/	/	

***Hours for School Examples:*** Lunch duty, field trip chaperones or coordinator, work done (at home or school) for teacher including special projects, etc.

***Hours for PTP Examples:*** PTP committee meetings, working on fund-raisers or phone calling, PTP sponsored event, etc.

I am choosing to Opt-Out of my Volunteer Hours, I understand I will be billed \$200 on my October Tuition Invoice.



# ASA SCHOOL DIRECTORY 2011-2012

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.

- I would like the following Contact Information added to the Agia Sophia Academy 2011-2012 School Directory:

**LAST NAME:**

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**PARENTS NAME(S):**

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**STUDENTS NAME(S):**

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**HOME PHONE:**

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**ADDITIONAL NUMBERS:** (WORK, CELL, ETC – PLEASE SPECIFY)

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**MAILING ADDRESS:**

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**E-MAIL(S):**

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

*Please return this form by September 17<sup>th</sup>*

*Directories should be available the first week of October*

# AGIA SOPHIA ACADEMY PARENT TALENT SURVEY



While your tuition payments help support our school financially, tuition alone cannot sustain our community. Your involvement at Agia Sophia Academy is vital to creating a lively and loving place to educate our children. Generously giving of your time is as important as the check you write for tuition. We depend on your participation to accomplish a wide variety of tasks while connecting with other parents and staff in a meaningful way.

We ask that you thoughtfully complete the information below so that we can best make use of the God-given talents of our school family. Please mark what is relevant to you, as well as to your spouse. By completing this form, you are not committing to any activity in particular, you are just providing us a glimpse of what you are comfortable doing, where your talents lay, and if any particular portion of our operations is of interest to you.

Parent #1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent #2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Children/ages: \_\_\_\_\_

## TALENTS/EXPERIENCE:

P#1	P#2	
		Finance/Accounting
		Fundraising
		Artistic/Photography
		Audio/Visual
		Computers—Software
		Computers—Networking
		Cooking
		Marketing/Advertising/PR
		Writing
		Secretarial/Organizational
		Leadership/Committee Chair
		Communication
		Education/Working with Children
		Public Speaking
		Events Planning/Special Events
		Other

## ASSIST WITH:

P#1	P#2	
		Mailings (newsletter, appeal letters, etc.)
		Refreshments (Open houses, town halls, pageants)
		Lunch Duty
		Kindergarten/School Recruitment Fairs
		Classroom Reading Groups
		Speaking/Small group presentations
		Other

## EVENTS OF INTEREST:

P#1	P#2	
		Greek Open
		Development/Appeals
		Special Guest Day
		Youth Cultural Exchange
		Glendi – ASA Booth
		Other

Please mark ALL that apply:

Parent #1 is most available to volunteer in the:

- Morning  
 Afternoon  
 Evening  
 Weekends

Parent #2 is most available to volunteer in the:

- Morning  
 Afternoon  
 Evening  
 Weekends