



Sophia Academy Student Application

Return Application and Fee (\$50) to
5900 N 5th Street
Philadelphia, PA 19120
Email: info@sophiaphila.org
Phone: 267-595-4723

Student's Full Legal Name _____
Last First Middle_

Birth Date _____ Age _____ Male Female Grade Entering _____
Month Day Year

Family Information: Student lives with (check all that apply) Both parents Father Mother Guardian

Father/Guardian Full Name _____ Social Security No. _____
Home Address _____ Guardian Relationship _____
City/State/Zip _____ Employer _____
Phone (Home) _____ (Cell) _____ Title _____
Preferred Email _____ Phone (work) _____

Mother/Guardian Full Name _____ Social Security No. _____
Home Address _____ Guardian Relationship _____
City/State/Zip _____ Employer _____
Phone (Home) _____ (Cell) _____ Title _____
Preferred Email _____ Phone (work) _____

Previous School Information:

Name _____ Last grade completed _____
Address _____ (include most recent transcript)
Phone No. _____ Any grade repeated? Yes No
Fax No. _____ If Yes, which one? _____

Has the student ever been diagnosed with a learning disability? Yes No
If Yes, by whom? _____ Date of testing _____
(Please submit most recent tests and reports)

Religious Preference _____
Church Name _____ Pastor's Name _____
Address _____ Phone _____
Attendance Weekly Once a month

Sophia Academy: Liberating Minds, Inspiring Wisdom

Reasons for seeking enrollment at Sophia Academy:

Sophia, Parent & Student Agreement:

Sophia Academy stands firmly upon the historical truth claims and moral foundations of Christianity. This includes, but is not limited to, the biblical teaching that the Triune God is Creator and Sustainer of all people, things, and circumstances, as well as the Savior, Redeemer, and Eternal Guide of all who turn to him. In addition, we hold to biblical boundaries of sexuality and moral conduct. Parents or the legal guardians who choose to enroll their children at Sophia Academy agree to support these and other basic biblical values derived from historic Christianity and the relevant Christian positions embraced by the Scriptures, under whose authority Sophia Academy rests. Parents understand and agree that Sophia Academy will teach these principles and biblical values.

Sophia Academy will consider admission for students from any family who, despite, their religious background or beliefs agrees to support Sophia's philosophy of Christian education and student conduct requirements, and who is willing to allow their children to be educated and influenced in an intentionally Christian environment. Continued enrollment at Sophia Academy is contingent upon this same understanding and support.

By signing below, the parent is in agreement with the above statements, is interested in applying to Sophia Academy, and has given permission for Sophia Academy to do a credit check on the responsible person(s) who will be paying tuition.

Parent/Guardian Signatures:

Print _____ Signature _____ Date _____

Print _____ Signature _____ Date _____

Student Signature:

Print _____ Signature _____ Date _____

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Mailing Address: 5900 N 5th Street, Philadelphia, PA 19120