

# **SOPHIA ACADEMY**

reflecting wisdom in the girl

**979 Branch Avenue  
Providence, RI 02904  
401-784-0021  
Fax 401-784-0023**

## **WHY SOPHIA ACADEMY IS A GOOD CHOICE**

“Ever since my daughter came to Sophia Academy she can’t wait to come to school. She gets the alarm herself to get up in the morning”.

**Savun Yon, Parent of a 5<sup>th</sup> Grade Student.**

- The mission of Sophia Academy is to create a holistic learning community in the Greater Providence area for girls from low income families, and, in an atmosphere of nonviolence, to focus on the academic, spiritual, cultural, and social growth of the girls and their families.
- We emphasize a gender-based program because as The Coalition of Girls’ Schools confirms – girls who attend gender-based schools are more likely to go to college, find meaningful and satisfying work, cope with the challenges of career and family and be more involved in community.
- The core values that we adhere to at Sophia Academy are respect, responsibility, courage and peace.
- Sophia Academy offers an out-of-school program with enrichment, social and academic components from after school until 5:30.
- Our school works best when the girls’ families are committed and involved. We look forward to your participation as an academic advocate of your daughter.

## TO COMPLETE THE APPLICATION PROCESS

- Please include a **current report card and IEP if applies** with this application.
- We would like you to be aware that one of the Sophia Academy's staff might conduct a **home visit** before your application is considered complete.
- Thank you for thoroughly completing the enclosed form and **return all information** to the Admissions Committee at 979 Branch Avenue, Providence, Rhode Island 02904.

### COMMITMENT FROM THE STUDENT

*I promise to work toward high academic standards. I will come to school daily, on time, prepared and with all of my homework complete. I will respect my right and the rights of others to a quality education.*

\_\_\_\_\_ *Date* \_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Student's Signature*

### COMMITMENT FROM THE PARENTS

*I promise to support my daughter so that she can reach high academic standards. I will help her to come to school daily, on time, prepared and with all of her homework complete. I will serve as a member of her academic team with her teachers and school staff.*

\_\_\_\_\_ *Date* \_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Parent's Signature*

# Application for Admission

**Sophia Academy**

**979 Branch Avenue**

**Providence, RI 02904**

Applying for entrance into grade \_\_\_\_\_

Applicant's Full Name

\_\_\_\_\_

Last, First and Middle

Home Address

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Date of Birth, Place of Birth & Social Security Number

\_\_\_\_\_

E-Mail Address

Applicant Lives With

\_\_\_\_\_

Both parents, Mother, Father or Other (Name & Relationship)

\_\_\_\_\_

Number of Siblings

\_\_\_\_\_

Racial/Ethnic Identity

Family/Guardian Information

\_\_\_\_\_

1. Mom's/Dad's/Guardian's Name

\_\_\_\_\_

2. Mom's/Dad's/Guardian's Name

Home Address

\_\_\_\_\_

Number & Street

\_\_\_\_\_

Number & Street

\_\_\_\_\_

City, State & Zip Code

\_\_\_\_\_

City, State & Zip Code (if different)

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Telephone Number

Employment

\_\_\_\_\_

Job Title

\_\_\_\_\_

Job Title

\_\_\_\_\_

Name of Employer

\_\_\_\_\_

Name of Employer

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Telephone Number

**Application for Admission**  
(page 2)

**Sophia Academy                      979 Branch Avenue                      Providence, RI 02904**

Emergency Contact

\_\_\_\_\_

Name & Relationship

\_\_\_\_\_

Telephone Number

Name of Person Responsible  
for Tuition

\_\_\_\_\_

Name & Relationship to Student

Names of Relatives &  
friends who attend/have  
attended Sophia Academy

\_\_\_\_\_

Name and Relationship to Applicant

Current School

\_\_\_\_\_

School Name/ Principal's Name and Student's Present Grade

Does your child currently have an IEP?                      \_\_\_\_\_yes                      \_\_\_\_\_no

Does your child speak more than one language?                      \_\_\_\_\_yes                      \_\_\_\_\_no

\_\_\_\_\_

If yes, what languages does she speak?

I give Sophia Academy permission to speak with my daughter's current school personnel.

Upon completion of this application, Sophia Academy will request transcript date and a teacher recommendation from the student's current school. The Transcript Release Statement form, when signed by a parent or guardian, serves as authorization.

\_\_\_\_\_

Signature of Parent/Guardian

For office use: Date received \_\_\_\_\_; Report card \_\_\_\_\_; Financial statement \_\_\_\_\_; School visit \_\_\_\_\_;  
Student essay \_\_\_\_\_; Parent interview \_\_\_\_\_; Complete application \_\_\_\_\_; Status \_\_\_\_\_

Telephone: (401) 784-0021                      Fax: (401) 784-0023

## Application for Admission

(page 3)

### Parent/Guardian Statement

Why do you want your daughter to attend Sophia Academy?

Please describe what kind of student your daughter is. What does she do well and what is hard is for her?

What types of activities does your daughter like to participate in outside of school?

We expect our students to do between 1-2 hours of homework a night. In your opinion what does your daughter need to help her be successful meeting this expectation?

### Student Statement

Sophia Academy is a small learning community where we take care of one another. Please describe a time when you did a good job taking care of someone (a friend or family member).

Please describe a time when you loved learning about something. What made this a good experience for you?

**Sophia Academy**

**979 Branch Avenue**

**Providence, RI 02904**

# Transcript Release Statement

**Sophia Academy      979 Branch Avenue      Providence, RI 02904**

Student's Name & Present Grade

\_\_\_\_\_

Last, First, & Middle and Grade

Present School

\_\_\_\_\_

Name of School

\_\_\_\_\_

Principal

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code & Telephone Number

*I hereby authorize my daughter's school named above to forward the following information to Sophia Academy in order to facilitate an accurate academic evaluation: report card; standardized test scores, disciplinary action, and permanent health record, IEP assessments and all other pertinent information.*

\_\_\_\_\_

Signature of parent or guardian

\_\_\_\_\_

Date

Please return the signed Transcript Release Statement form to:

**Head of School  
Sophia Academy  
979 Branch Avenue  
Providence, RI 02904**

Telephone: (401) 784-0021

Fax: (401) 784-0023