



# SOPHIA ACADEMY

REFLECTING WISDOM IN THE GIRL

582 Elmwood Avenue, Providence, RI 02907 / Phone# 401-784-0021 / Fax# 401-784-0023 / [www.sophia-academy.org](http://www.sophia-academy.org)

## Sophia Academy Application - Checklist

Thank you for your interest in Sophia Academy. To be considered for admission you must provide the school with a **COMPLETE Sophia Academy Application** outlined below. You may use the list to check off items as you finish each to make sure your application is complete before submitting.

1. \_\_\_\_\_ **Application for Admissions Form**

2. \_\_\_\_\_ **Parent/Guardian Reflection**

Parent/Guardian's written personal thoughts and responses to questions

3. \_\_\_\_\_ **Student Reflection**

Applicant's written personal thoughts and responses to questions AND Question #8 - a sample of graded work that applicant is proud of

4. \_\_\_\_\_ **Income Verification**

Please submit a copy of your 2017 Income Tax Return, a copy of your W-2 or pay stub or documentation of SSI, TDI or other government assistance. We may require parents filing their income tax separately to provide a copy of each individual return or that each provide any of the documentation noted above as may pertain to them.

5. \_\_\_\_\_ **Authorization to Release Transcripts Form**

Please complete entire form and drop off or send to your student's current school so we may obtain her report cards, standardized test scores, IEP or 504 if applicable. Be certain to ask her school when documents will be available for you to pick up and then either mail or drop off to Sophia Academy. The Sophia Academy Admissions Committee will not review applications unless they are complete.

6. \_\_\_\_\_ **Authorization to Release Protected Health Information Form**

Please complete entire form and drop off or send to student's physician so we may obtain her current medical history including immunizations. Please mail or drop off the student's medical history as provided by the physical.

7. \_\_\_\_\_ **Teacher Recommendation Form**

Please provide a Sophia Academy Recommendation Form to your student's homeroom teacher. The teacher will complete the form and mail it directly to Sophia Academy. (complete directions on form).

Please mail or drop off your complete Sophia Academy Application to the address below. Thank you.  
**Admissions Committee, Sophia Academy, 582 Elmwood Ave., Prov., RI 02907**



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## **2019/20 Admissions Process and Timeline**

Please note that the Admissions Committee makes every effort to move swiftly through the enrollment process and to inform families within 8 weeks of Sophia receiving an application.

### **February 15—Application Deadline (First Round)**

To be considered, all admissions materials must be complete and submitted to Sophia Academy for review.

### **March 8—Notification of Application Status**

All families who met the February 15 deadline are sent notification as to the status of their application. Candidates who are selected for further consideration must have submitted all admissions materials before they will be contacted to schedule an interview.

### **March 15—Application Deadline (Second Round)**

All admissions materials must be complete and submitted for consideration.

### **April 12— Notification of Application Status (Second Round)**

Families who met the February 15 deadline are sent notification as to the status of their application. Candidates who are selected for further consideration must have submitted all admissions materials before they will be contacted to schedule an interview.

### **April 19—The Committee's Decision (First Round)**

First Round Families who completed an interview will be notified of the Admission Team's decision. You will receive one of the following responses:

- Accepted – The Admissions team decides the candidate and Sophia Academy are a good match.
- Not Accepted - The Admissions Team decides that the candidate and Sophia Academy are not a good match.
- Waitlisted - The candidate meets the admission criteria, but not enough spaces are available. Candidate's application will be put into a waiting pool in no particular order.

### **May 24— The Committee's Decision (Second Round)**

Second/Third Round Families who completed an interview will be notified of the Admission Team's decision. You will receive one of the following responses:

- Accepted – The candidate is selected to attend Sophia Academy.
- Not Accepted - The Admissions Team decides that the candidate and Sophia Academy are not a good match.
- Waitlisted - The candidate meets the admission criteria, but not enough spaces are available. Candidate's application will be put into a waiting pool in no particular order.

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## **2019/20 Admissions Process and Timeline** (continued)

### **May 24— All Decisions Are In**

All candidates will be notified by this date. If a space becomes available for candidates who have been placed on the waiting list before the beginning of the new school year, the Admissions Committee will consider all of the students in this pool, as well as new applicants.

### **September 1— Waitlisted and New Applicants**

If no spaces become available before the beginning of the school year, waitlisted applicants are welcome to reapply for the following year. The process is the same for waitlisted students who are reapplying as for those who are applying for the first time.



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## 2019/20 Application for Admissions

Student's Current Grade \_\_\_\_\_ Student is applying for grade \_\_\_\_\_ For Academic Year (2019/20 for ex.) \_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Last, First and Middle

Home Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Racial/Ethnic Identity

Date of Birth \_\_\_\_\_ Place of Birth (city/country) \_\_\_\_\_  
mm/dd/yyyy

Primary Language Spoken at Home \_\_\_\_\_

### Family Information

Name \_\_\_\_\_  
Parent/Legal Guardian's Name

\_\_\_\_\_  
Parent/Legal Guardian's Name

Home Address \_\_\_\_\_  
Number & Street

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
City, State & Zip Code (if different)

Home Phone \_\_\_\_\_  
(XXX) XXX-XXXX

\_\_\_\_\_  
(XXX) XXX-XXXX

Cell Phone \_\_\_\_\_  
(XXX) XXX-XXXX

\_\_\_\_\_  
(XXX) XXX-XXXX

E-Mail Address \_\_\_\_\_

\_\_\_\_\_

Place of Birth \_\_\_\_\_  
City/Country

\_\_\_\_\_  
City/Country

Highest Education Level \_\_\_\_\_  
High School Diploma/GED/College

\_\_\_\_\_  
High School Diploma/GED/College

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**2019/20 Application for Admissions** (page 2)

Employment

\_\_\_\_\_

Job Title

\_\_\_\_\_

Job Title

\_\_\_\_\_

Name of Employer

\_\_\_\_\_

Name of Employer

Name of the adult(s) who have legal custody and make educational decisions for this child:

\_\_\_\_\_

Name & Relationship to Student

Name of adult(s) responsible for tuition:

\_\_\_\_\_

Name & Relationship to Student

Siblings

\_\_\_\_\_

Name(s) and age(s) of Siblings **living with applicant**

\_\_\_\_\_

Name(s) and age(s) of Siblings **NOT living with applicant**

Other Family Members At Home

Please list name(s) of any other family members who may be live with the student and their relationship to her:

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

Names of relatives and/or friends who attend/have attended Sophia Academy

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

Current School

\_\_\_\_\_

Elementary School Name

\_\_\_\_\_

Principal's Name

Does student speak more than one language? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what languages does she speak? \_\_\_\_\_

Does student currently have an IEP or a PLP? \_\_\_\_\_ yes \_\_\_\_\_ no

Has student repeated a grade? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please describe the circumstances: \_\_\_\_\_



**2019/20 Application for Admissions** (page 3)

Physical and Mental Health

Does student have any serious health concerns? Please include any diagnosed allergies or conditions regarding physical and/or mental health? If yes, please describe:

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Does student require any medication to be taken during the school day? If yes, please explain:

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Please list any special accommodations needed/required for the student regarding a physical and/or mental health condition:

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Has student experienced any recent hospitalizations? If yes, please describe:

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How did you hear about Sophia Academy? Check all that apply:

- family member \_\_\_\_\_
- friend \_\_\_\_\_
- student's current school \_\_\_\_\_
- church/place of worship \_\_\_\_\_
- rec center \_\_\_\_\_
- library \_\_\_\_\_
- open house flyer \_\_\_\_\_
- other \_\_\_\_\_

**Thank you for completing the Sophia Academy Admissions Application.**

I give Sophia Academy permission to speak with my daughter's current school personnel should there be any information on this application that may require follow up.

Upon completion of this application, Sophia Academy may request further pertinent records from the student's current school. The Release of Records Statement form, when signed by a parent or guardian, serves as authorization.

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**Parent/Guardian Signature**

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**Date**

---

**Parent/Guardian Signature**

---

**Date**



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## Parent/Guardian Reflection

Please complete on a separate piece of paper.

1. Why do you want your daughter to attend an all girls' school?
2. Please describe what kind of student your daughter is. What does she do well? What is challenging?
3. Please describe your educational goals or hopes for your daughter. Do you expect her to graduate from high school and college? What will you do to help her to reach her goals?
4. Please describe your own educational experience. What was middle school like for you? Did you graduate from or are you currently attending high school, college, technical school or another educational program? Do you have any special training or technical skill?
5. We expect our students to do between 45 minutes and an hour and a half of homework each night. In your opinion what does your daughter need to help her be successful meeting this expectation?
6. What types of activities does your daughter like to participate in outside of school, after school or on the weekends?
7. At Sophia Academy we believe that to be truly successful, a student's growth needs to be comprehensive – academically as well as socially and emotionally. As children approach their middle school years, their ability to manage their feelings and relationships often become increasingly challenging.

How would you describe your daughter's social and emotional capabilities? Have there been or are there currently any specific challenges she faces in these areas? If so, what type of support has she received (for example: from family members, school counselor, clergy, coach, doctor, peers, etc.)?

8. How does your family spend the summer? Do you travel out of the state or country? What types of activities does your daughter do during the summer months?
9. Have you been involved in your daughter's school in the past (for example: a chaperone, volunteer, class parent, PTO member, etc.)? If not, what kinds of things may prevent or challenge you from participating in school related activities such as family potlucks or a weeknight meeting?
10. Community is important to us at Sophia Academy. We often need help with a variety of projects and events, such as helping in the office, light building, maintenance work, chaperoning a trip, or car-pooling students to events. How do you think you or another member of your family might be able to help?
11. Is there anything else you want us to know about your daughter or your family?



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## Student Reflection

Families, this is to be **completed by your student** on a separate piece of paper.

1. What do you think attending an all-girls middle school might be like? What do you think you would like about going to school with only girls?
2. Sophia Academy is a small school where we believe it is important to support and help one another. Please describe a time when you did a good job helping someone; it could be a friend, a family member or even someone you don't know. How did you help her or him?
3. Please describe a time when you loved or were excited to learn about something. What made this a good experience for you? Why was it special?
4. We all have challenges. Please tell us about something that is difficult for you to do. It could be a subject at school that's hard for you or something completely different like making friends or getting along with siblings. If you have gotten help with your challenge, tell us what that experience was like.
5. What are your dreams for yourself? Do you want to graduate from high school or college? What do you want to do when you grow up?
6. We are constantly surrounded by people who are in some ways similar and some ways different. Have you ever had a friend, or do you currently have a friend who is very different from you in some way? How is she/he different and what is that like for you?
7. Is there anything else you want us to know about you? You could share an activity you like, a hobby, sport or just something special or unique about you. It's okay if you choose not to share anything.
8. Please submit a copy of a piece of graded work that you are proud of and tell us why you chose that piece of work.





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## Authorization to Release Transcripts

### To: Student's Current Elementary School

Please submit the requested student's records as soon as possible. She and her family will not be able to interview until all documentation is received. Thank you for your help.

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

**School Address:** \_\_\_\_\_

Street City State Zip  
As the parent/legal guardian of \_\_\_\_\_, I hereby authorize the above named school

to disclose the following information from the school records of the child listed below to Sophia Academy.

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Present Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street City State Zip

### Please release the following to Sophia Academy:

1. Student's most current report card as well as report cards for the student's previous two (2) grades
2. All standardized test scores, including: STAR Reading and Math, etc.
3. Any psychological and educational evaluations
4. IEP/504/Special Education Records (past and present)

By signing this release form, I certify that I understand the above information is disclosed for the purpose of admissions to Sophia Academy,

Signature of Parent/Guardian or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian or Legal Representative \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Admissions Committee**  
**Sophia Academy**  
582 Elmwood Avenue  
Providence, RI 02907  
401-784-0021 phone  
401-784-0023 fax





## Teacher Recommendation Form

### INSTRUCTIONS FOR FAMILIES

Please print your student's name, address and school name below and give this form and an envelope to the teacher writing this recommendation. Once completed, please have him/her return to Sophia Academy in a closed envelope with the signature of the recommender across the envelope's flap.

Student's Name:

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LAST	FIRST	MI	CURRENT GRADE
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Student's Address:

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STREET	CITY	STATE	ZIP CODE
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Current School \_\_\_\_\_ Previous School Attended \_\_\_\_\_

### INSTRUCTIONS FOR THE TEACHER

The student named above is a candidate for admission at Sophia Academy. Our mission and general overview are listed below for those of you not familiar with the school. To learn more about Sophia Academy, please visit our website at [www.sophia-academy.org](http://www.sophia-academy.org).

Your recommendation is vital to our process. The Admissions Committee places considerable weight on the academic and personal qualifications of each student. We would appreciate your most **candid, thoughtful responses**. Please note there are two parts of the form to be completed. Thank you for your time.

#### **Sophia Academy Mission**

Changing the lives of girls from low income homes through an empowering middle school education

#### **An Overview of Our School**

Sophia Academy is a non-profit, non-denominational private middle school for girls from low income families in Providence. Founded as an educational alternative for girls who are most at risk of repeating the cycle of poverty, Sophia Academy provides a gender-responsive, holistic educational experience that is focused on the academic, spiritual, cultural, and social growth of the girls and their families.



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**Part 1:**

How would you **describe this student as an individual**? What is she like?

Why do you feel that **Sophia Academy would be a good fit** for this student? Please be specific.

If the student is particularly **strong or challenged** in any areas – academic or otherwise, please elaborate.

Does this student have any needs that **require additional support or monitoring** - cognitive, behavioral or otherwise? (For example: completing her classwork, staying focused, interacting with others, individualized academic support, etc.)

Please add **any additional information** that will give us a more complete picture of the student. Again, please be as specific as possible.

**(page 2 of 3)**

**Part 2:**

Please place check marks at the points that represent **your evaluation of the student** in comparison to other students in her age group whom you have taught. If you have **no fair basis for judgment**, do not hesitate to say so.

<u>Academic Qualities</u>	Highly Exceptional	Excellent (10%) this year	Good (Above average)	Average	No basis for judgment
Academic Potential					
Intellectual Curiosity					
Motivation/Effort					
Class Participation					
Ability to work collaboratively					
Organizational Skills					
Listens to & Follows Directions					
Willingness to take intellectual risks					
Creativity					
<u>Personal Qualities</u>					
Concern for others					
Honesty/Integrity					
Self-esteem					
Emotional Maturity					
Responsibility					
Respect for adults					
Respect for peers					

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate’s application. All information provided will be held in confidence and disclosed only to the Admission Committee and those deemed necessary by the Assistant Head of School or Head of School.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SCHOOL ADDRESS**

\_\_\_\_\_  
**E-MAIL ADDRESS**

\_\_\_\_\_  
**SCHOOL PHONE NUMBER**

\_\_\_\_\_  
**BEST TIME TO CONTACT YOU**