



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

The Idea – Sophia Academy’s Roots

After co-founding Dorcas Place, an adult literacy and learning center, Sister Mary Reilly felt proud and accomplished. Yet as she watched so many young, low income mothers at Dorcas Place struggle to find a better life, she began to think that if these same women had had a supportive opportunity earlier in their lives, perhaps things would be different for them. Perhaps the significant personal and financial challenges they faced would be non-existent, maybe they would be working, in college, confident and independent. Sister Mary was again inspired, and quickly took action.



Believing that reaching young women at an earlier age could help break the cycle of poverty and prepare young girls for the challenges of their lives, she envisioned a unique middle school for girls. Sister Mary was convinced that the transitional timeframe between the ages of 10-14 is particularly significant in terms of influence in a young woman’s life and confident that a challenging yet nurturing school environment, rooted in social justice could turn lives around. Today we are in our 16th year of providing academically rigorous, gender responsive and socially responsible educational option to Providence’s middle school girls.

The Mission

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

An Overview

Sophia Academy is a non-profit, non-denominational private middle school for girls from low income families in Providence. Sophia Academy introduces girls to educational experiences that expand their worldview and encourage them to be active and informed citizens. By utilizing best practices in gender responsive education, Sophia Academy fosters the academic, moral, cultural and social growth for each of our students.

Founded

September 2001

Grades

5 – 8

Enrollment

61 students (must be a Providence resident)

Statistics

Sophia Academy student body is reflective of the rich diversity that exists in Providence.

For the 2017/18 school year and based on student/family self-identification our percentages are the following: 54% Hispanic, 24% Black, 15% Multi-Racial, 5% Caucasian and 2% Asian.



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Educational Highlights

- 15:1 student-teacher ratio
- Curriculum based on Gender Responsive, Responsive Classroom and Nurtured Heart Models
- 8th Grade Justice and Gender Seminar
- Signature Day and Overnight Trips: The United Nations, NYC, The Farm School, Mt. Monadnock Hike, Civil Rights Trip - GA./AL, 7th Grade Fall and Spring Non-Violence Retreats
- Mentoring program for students
- Martial Arts Curriculum
- Dynamic arts programming featuring visual art and design, theater, dance, music and more

Post-Graduate

- **Placement**
200 Sophia Academy Graduates, 98% high school graduation rate
- **High Schools**
Beacon Charter School for the Arts, Blackstone Academy Charter School, Classical High School, Cranston - East, The Green School, Highlander Charter School, Hope High School, LaSalle Academy, Lincoln School, The Met School, Moses Brown, Paul Cuffee Charter School, Providence Career and Technical Academy, St. Andrew's Academy, St. Mary Academy-Bay View, St. Raphael's Academy, School One, The Wheeler School
- **Colleges**
Barry University, Bay Path Community College, College of the Desert, Community College of Rhode Island, Johnson & Wales University, Lincoln Technical Institute, Manhattanville College, Monroe College, Rhode Island College, Sanford Brown, Sawyer School, University of Rhode Island, Western State Colorado University

Tuition Full tuition is \$15,000 per year. Family contributions are required and range from \$40 - \$125 per month, depending annual income and need.

Funding At Sophia Academy, we depend largely on grants and donations.

Admissions Committee

Meg Governo, Assistant Head of School
Sarah Rodriguez-Beerman, MSW, LICSW, School Counselor
Melissa Moniz, 8th Grade Advisor and Math Faculty



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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**

You may submit a copy of your 2016 Income Tax Return, a copy of your W-2 or pay stub or documentation of SSI, TDI or other government assistance. We 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 and any other testing such as Star Reading, she may have taken. Be certain to ask 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 does 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



2018/19 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. Decisions are one of the following:

- 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. Decisions are one of the following:

- 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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2018/19 Application for Admissions (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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2018/19 Application for Admissions

Student's Current Grade _____ Student is applying for grade _____ For Academic Year (2018/19 for ex.) _____

Student's Full Name _____
Last, First and Middle

Home Address _____
Number and Street

City, State, Zip Code

Racial/Ethnic Identity

Name(s) and age(s) of Siblings

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

Primary Language Spoken at Home _____

Family Information

	Relationship _____	Relationship _____
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 _____

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2018/19 Application for Admissions (continued)

Highest Education Level

_____ High School Diploma/GED/College

_____ High School Diploma/GED/College

Employment

_____ Job Title

_____ Job Title

_____ Name of Employer

_____ Name of Employer

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

Name of person responsible for tuition

_____ Name & Relationship to Student

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

_____ Name & Relationship to Student

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? _____ yes _____ no

Has student repeated a grade? _____ yes _____ no

If yes, please describe the circumstances:

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.

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 other 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 particular 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, have you been a chaperone, class parent or PTO member)? 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. Often we need help with a variety of projects and events, such as helping out 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 help out?
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 to us and some ways different. Have you ever had a friend, or do you have 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
(student)

_____, 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



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Authorization to Disclose Protected Health Information

TO: PRIMARY CARE PHYSICIAN

Physician Name: _____

Physician Address: _____

Street

City

State

Zip

As the parent/legal guardian of
(student)

, I hereby authorize the above
named

physician to disclose the following protected health information from the medical record of the patient listed below to Sophia Academy and School Nurse. All information will be kept confidential.

Patient Name: _____ **Date of Birth:** _____

Address: _____

Street

City

State

Zip

Please disclose the following to Sophia Academy:

- 1. Current physical
- 2. Updated immunization records
- 3. List of all medical conditions
- 4. All known allergies
- 5. List of current medications with dosage and schedule

By signing this release form, I certify that I understand the above information is disclosed for the purpose of admissions to Sophia Academy, and that I may revoke this authorization at any time by requesting such of Sophia Academy in writing, unless action has already been taken in reliance upon it, or during a contestability period under applicable law.

Signature of Parent/Guardian or Legal Representative _____

Date _____

Printed Name of Parent/Guardian or Legal Representative _____

Relationship to Patient or Authority to act for Patient _____

Please forward record to:

Admissions Committee
582 Elmwood Avenue
Providence, RI 02907
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401-784-0023 fax



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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:

LAST	FIRST	MI	CURRENT GRADE
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Student's Address:

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.

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:

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 their classwork, staying focused, following directions, interacting with others, in-class individualized support from education specialist, etc.)

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

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 the information you provide 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