



**Saint Nicholas Orthodox Academy**  
**543 Cherokee Avenue**  
**Atlanta, Georgia 30302**  
**(404) 584-6088 FAX (404) 577-0302**

**A Ministry of St. John the Wonderworker Orthodox Church**

***Student Application for 200\_\_ - 20\_\_ School Year***

Please use extra paper and comment on or modify questions, as needed, to clearly inform us about your child. For students who are reapplying, you need only complete the names (several may be entered), your signatures, and any information which has changed.

Student's Full  
Name \_\_\_\_\_

\*Nickname, if commonly used \_\_\_\_\_

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

\*Date of Baptism \_\_\_\_\_

\*Saint's Name \_\_\_\_\_

\*Name Day \_\_\_\_\_

Address \_\_\_\_\_

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County & School District in which this student  
resides: \_\_\_\_\_

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Phone(home) \_\_\_\_\_

(work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email-  
address \_\_\_\_\_

May we publish your e-mail in our school directory? \_\_\_\_\_

\*Please list schools your child previously attended

School \_\_\_\_\_

Address \_\_\_\_\_

Dates \_\_\_\_\_

Grades \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Grade completed \_\_\_\_\_

***\*If your child has special needs, does he/she have a current IEP? Please attach any relevant information.***

***If your child is home schooled, do you seek to receive credit for your home studies through St. Nicholas Orthodox Academy?***

***If yes, please complete the Home School Accreditation Information Sheet.***

Has applicant ever been expelled or suspended from a school? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Profile

Father's  
Name \_\_\_\_\_

Address (if different from student's home address)  
\_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name  
\_\_\_\_\_

Address (if different from student's home address)  
\_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Church Membership  
\_\_\_\_\_

\*Other Children: Name

DOB

School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-Family Reference

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

## AUTHORIZATION FORM

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

DOB \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_  
Medications \_\_\_\_\_

\_\_\_\_\_  
Pertinent Medical History \_\_\_\_\_

\_\_\_\_\_  
**IN CASE OF EMERGENCY, CONTACT**

\_\_\_\_\_  
(relationship)

**PHONE**

\_\_\_\_\_  
Physician \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_  
Hospital of Choice \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_  
Group Code # \_\_\_\_\_  
Policy # \_\_\_\_\_ Preferred Provider \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I/we hereby give permission to St. Nicholas Orthodox Academy to call for medical care for my/our child. I/we understand that, should an emergency arise, St. Nicholas Orthodox Academy will make a conscientious effort to locate me/us before emergency action is taken. However, if this is not possible, the expenses of all such medical care and treatment will be accepted by me/us.

Parent/Guardian Signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

### **AUTHORIZATION FOR TRIPS**

I/we give permission for my/our child to go on organized field trips away from the premises of St. Nicholas Orthodox Academy, in the company of and supervised responsible adults, acting on behalf of St. Nicholas Orthodox Academy, whether on foot or by vehicle.

Parent/Guardian Signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR CHILD TO BE PICKED UP  
BY A PERSON OTHER THAN PARENT OR GUARDIAN**

In the event of an emergency and/or as previously authorized by me/us, I/we give our permission for

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

To pick up my/our child \_\_\_\_\_ from St. Nicholas Orthodox Academy.

Parent/Guardian Signature(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Upon enrolling my/our child(ren) in St. Nicholas Orthodox Academy, I/we agree to the following:

We understand that parents have the primary responsibility for the education of their children.

Therefore,

We will do our best to augment the efforts of the St. Nicholas Orthodox Academy by making our home a learning environment, providing materials, atmosphere and attention to the growth of our child's spirit and intellect.

We will work with our children's teachers in ensuring that all projects and assignments are completed on time and as directed.

We will ensure that our children act respectfully and positively in the learning environment where traditional Christian values are taught and supported, including regular respectful attendance and participation in services of prayer and worship

We agree to adhere to the guidelines and rules of the St. Nicholas Orthodox Academy.

If our child(ren) is uncooperative in class and refuses correction, or has any other disciplinary problems which require parental involvement, I/we agree to attend a parent/teacher meeting at the school. Furthermore, I/we agree to remove our child from school, if necessary.

I/we agree to give 30 days notice before withdrawing our child(ren) from school.

I/we agree to pay tuition promptly.

Parent/Guardian Signature(s)

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Date \_\_\_\_\_

*St. Nicholas Orthodox Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of educational policies, admissions policies, scholarship and loan programs, or athletic and other school-administered programs.*