



SAGE ACADEMY

Students Achieving Greatness in Education

APPLICATION FOR ENROLLMENT

All portions of application are required unless specified "optional"

Applying for

- Academic Year
 After School Care
 Summer Only (June - Aug)

20_____

Today's Date _____

STUDENT INFO

Student Last Name _____ First Name _____ MI _____ Gender _____ Current Grade _____

Student's Current Address _____ City _____ State _____ Zip _____

Birth Date _____ Birth City _____ Birth State _____ Birth Country _____

FAMILY INFO

Parent/Guardian 1

Parent Guardian 2

Name (Last, First) _____ Name (Last, First) _____

Cell/Work Phone _____ Cell/Work Phone _____

Home Phone _____ Home Phone _____

Email Address _____ Email Address _____

Address _____ Address _____

City, State Zip _____ City, State Zip _____

Student lives with: Parent/Guardian 1 _____ Parent/Guardian 2 _____

CURRENT SCHOOL INFORMATION

1.School Name (Most Recent) _____ 2.School Name _____

Address _____ Address _____

City, State _____ City, State _____

LANGUAGE SURVEY

What language did your child first learn to speak? _____

What language does your child most frequently use at home? _____

What language do you most frequently speak to your child? _____

Does your child speak any other languages? _____

ETHNICITY (optional), Check all that apply. If multiple, circle the most predominant.

Hispanic/Latino Chinese Asian Indian Other Asian Tahitian
 Native American/Alaskan Japanese Laotian Hawaiian Other Pacific Islander
 Black or African American Korean Cambodian Guamanian Filipino
 White Vietnamese Hmong Samoan

SPECIAL EDUCATION/ MEDICATION

SAGE Academy does not currently offer a separate special education program/classroom.

Has your child ever been referred or evaluated to receive special education services such as Speech, RSP, SDC, Adaptive PE, OT, PT, 504 or IEP Plan? Yes No Please explain:

Is your child currently taking medication? If yes, purpose:

Has your child ever attended special education class? Yes No

Is your child able to study independently for at least 20 minutes provided they have received instruction first? Yes No

FINAL SECTION

Do you intend to apply for financial assistance? _____

Please include all forms that apply to your child (Academic Applications only)

K & 1st Grade Students, entering school for the first time: Submit a copy of oral health exam
 All K & 1st Grade Students: Report of recent health exam
 High School Students: Unofficial copy of transcripts
 All Students: Copy of Immunization Record, or Copy of Exemption, or Copy of PSA, or Enrolled in PSP

The submission of this application to SAGE Academy does not guarantee enrollment. Do not un-enroll your child from their current school until accepted for enrollment.

SAGE Academy does not discriminate on the basis of race, ethnicity, national origin, gender, economic status, religion, disability or achievement level. I attest that the information I have provided is true to the best of my knowledge.

Parent/Guardian

Date