



# 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 Doctor-Issued Exemption (per Sb277)

*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