

Please consider my child for enrollment  
at the Sagemont School for the  
\_\_\_\_\_ - \_\_\_\_\_ school year

Anticipated Start Date (MM/DD/YY): \_\_\_\_\_

How did you hear about The Sagemont School?

\_\_\_\_\_

\_\_\_\_\_

## Grade Entering

- Preschool (Age 3 by September 1)  
 Pre-Kindergarten (Age 4 by September 1)  
 Kindergarten (Age 5 by September 1)  
 1  2  3  4  5  6  
 7  8  9  10  11  12

## VPK Applicants Only

- VPK AM  VPK PM  
 VPK Wrap-Around (8:30 AM - 3:30 PM)  
 Early Care (7:00-8:30 AM)  
 After Care (3:30 -6:00 PM)

## Student Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: Male  Female

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Language(s) Spoken at Home \_\_\_\_\_

Student's best language(s): Written \_\_\_\_\_ Spoken \_\_\_\_\_

English Language: None  Fair  Good  Fluent  Native

Does your student require an I-20? Yes  No

## Schools Attended

Please list the applicant's current school first, and if applicable, continue with other schools attended.  
If your student has attended more than four schools, please attach a separate sheet of paper.

School 1 Name & Address \_\_\_\_\_

School 1 Phone \_\_\_\_\_ Years Attended \_\_\_\_\_ Grades \_\_\_\_\_

School 2 Name & Address \_\_\_\_\_

School 2 Phone \_\_\_\_\_ Years Attended \_\_\_\_\_ Grades \_\_\_\_\_

School 3 Name & Address \_\_\_\_\_

School 3 Phone \_\_\_\_\_ Years Attended \_\_\_\_\_ Grades \_\_\_\_\_

School 4 Name & Address \_\_\_\_\_

School 4 Phone \_\_\_\_\_ Years Attended \_\_\_\_\_ Grades \_\_\_\_\_

# Parent Information

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_  
Title \_\_\_\_\_  
Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_  
Title \_\_\_\_\_  
Work Phone \_\_\_\_\_

Are the parents separated? Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, with whom does the applicant reside? \_\_\_\_\_

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## Legal Guardian Information (for Students not Residing with Parents)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Relationship to Student \_\_\_\_\_

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## Emergency and Carpool Information

Who can we contact in an emergency or allow to pick up your child if you are unavailable?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Applicant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or special needs \_\_\_\_\_ Current Medications Taken \_\_\_\_\_

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I/we hereby authorize The Sagemont School to contact school officials and other sources to support this application. I/we will not seek access to confidential recommendation and evaluation materials before or after student's admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to The Sagemont School for that purpose. I/we further understand that the application fee is non-refundable.

\_\_\_\_\_  
Parent (or Legal Guardian) Signature

\_\_\_\_\_  
Date of Application

