



Sage Microschool Enrollment Application

Please complete one application per child and return via email to BrooksvilleSage@gmail.com
Deadline for turning in application for the 2025 Spring Semester is January 1, 2025

Student Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- City, State, Zip: _____

Parent/Guardian 1 Contact Information:

- Parent/Guardian Name: _____
- Relationship to Student: _____
- Phone Number: _____
- Email Address: _____
- Address (if different from student): _____

Parent/Guardian 2 Contact Information:

- Parent/Guardian Name: _____
- Relationship to Student: _____
- Phone Number: _____
- Email Address: _____
- Address (if different from student): _____

Medical Information

- Does your child have any medical conditions? Yes / No
- If yes, please specify: _____

- Does your child have any environmental/food allergies? Yes / No
- If yes, please specify: _____



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- Are there any medications your child takes regularly? Yes / No
- If yes, please specify: _____
- Has your child experienced any behavioral challenges that the school should know? Yes / No
- If yes, please specify: _____

Student Background

- What is the primary language spoken at home?

- Does your child speak any other languages?

- How does your child typically handle social situations with peers?

- Does your child have any special interests or hobbies?

Parent/Guardian Involvement

- Are you available to volunteer for school events or activities? Yes / No

- Are you available to volunteer as a substitute teacher during unforeseen circumstances given a dedicated lesson plan? Yes / No
- If yes, name(s) of willing parents/guardians: _____



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•Do you have special skills/hobbies you'd love to share with students as a guest teacher? (Guest reading, pottery, animal care, games, cooking, music, dance, engineering, crafts, painting, etc.)

•Do you have any experience with homeschooling/microschools?

•Is there any additional information you would like to share about your child?

•How did you hear about our school?

(Parent/Guardian Signature)

(Date)

(Parent/ Guardian Printed Name)

By signing you agree to the school policies & guidelines.