

Sage Microschool Enrollment Application

Please complete one application per child and return in person or via email to BrooksvilleSage@gmail.com The deadline for turning in an application is September 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 of which we should be aware? 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: Student Background 			
•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:			
•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.)			



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•Do you have any experience with homeschooling/microschools?			
•Is there any additional information you wou	uld 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 of	& guidelines.		