



The Sprout School Application

Parent or Guardian Name: _____

Address: _____

Email Address: _____

Phone Contact #: _____

Name of Child: _____

Birthdate(s): _____ Gender: _____

Desired Start Date: _____

Desired Location: _____

Scholarship requested: _____ Yes _____ No

If yes - Family Size: _____ Annual Family Income: _____

Signature of Parent/Guardian

Date