



## 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