



Sage Ridge School

Take the Challenge

Applicant's Name _____ Grade Applying to _____
(Last) (First) (MI)

Application for Admission

Online application and information:
www.sageridge.org

Phone: 775-852.6222
Fax: 775-852.6228

Please return the completed application to:
Sage Ridge School
OFFICE OF ADMISSION
2515 Crossbow Ct.
Reno, NV 89511

PLEASE
ATTACH
RECENT
PHOTO
HERE

Date of Application ____/____/____ Grade entering _____

Name of Applicant _____
(Last) (First) (MI)

Gender _____ Birth date ____/____/____ Social Security number _____

Address _____

(Zip Code) (City) (State)

Home Telephone _____ Cell _____

Applicant's Current School _____ Grade _____

Address of Current School _____

Previous School (s) _____

How did you first learn about Sage Ridge School? _____

Do you intend to apply for financial assistance? Yes No

Family Information

Father's Name _____

Mother's Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone (H) _____
(Work) _____

Phone (H) _____
(Work) _____

Email _____

Email _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Applicant lives with: Father Mother Both
Other _____

Admission materials sent to: Father Mother Both
Other _____

Person financially responsible for contract: Father Mother Both
Other _____

Please check if appropriate: Father deceased Mother deceased Parents divorced Father remarried Mother remarried

Name of stepparent or guardian _____ Address _____

Sibling Information

Name _____ Grade _____ School
Attending _____

Name _____ Grade _____ School
Attending _____

Name _____ Grade _____ School
Attending _____

Grandparent Information

This information is used for our annual Grandparents' Day in February and/or for emergency contact information if indicated.

Paternal Grandparent:

Name _____
Address _____
City/State/Zip _____
Phone (H) _____ Emerg. Contact: Yes No

Maternal Grandparent:

Name _____
Address _____
City/State/Zip _____
Phone (H) _____ Emerg. Contact: Yes No

Parent Questionnaire

Parent (s) Name _____

What qualities do you value in your child? _____

Please list/describe your child's academic and extracurricular strengths and talents: _____

Please list/describe the regular household responsibilities or routine duties for which your child is accountable: _____

Please list/describe any health problems, illnesses, operations or accidents your child has had; include any medications your child regularly takes: *

**Unless excused because of religious belief or medical condition, a child may not be enrolled in a private school in Nevada unless he has been immunized against the mumps. Has your child been immunized against the mumps? _____yes; _____no; date of immunization _____.*

Student Profile

Has your child received tutoring or special academic support at his/her school? Please describe. _____

Has your child received any psychological counseling? Please describe the purpose of the counseling. How have these concerns been addressed?

Please include any additional comments you would like to make about your child. Please include information or any unusual situations which might require the School's special attention.

The information contained in this application is true and accurate. By signing below, I am confirming that what is furnished to Sage Ridge School is accurate. I understand that supplying false information could result in denial of admission or dismissal of student contract once enrolled. Application materials are used in the admission process only and do not become part of the student's permanent record. I/We will not seek access to confidential recommendations and evaluations before or after admission decision is made.

Signature of Parent/Guardian _____ Date _____

*Sage Ridge School seeks students of all faiths, races, creeds, color, and national origin.
Sage Ridge does not discriminate on the basis of race, color, disability, national or ethnic origin.*