



## Welcome to Sage International School!

We have provided the following checklist to help you through the enrollment process. If you have questions about any of the steps outlined below, please contact us at 995-0300 (High School) or 343-7243 (Elementary/Middle).

### To Do List:

- Visit Sage International's website** ([www.sageinternationalschool.org](http://www.sageinternationalschool.org)) and under the 'About' tab review Our Mission. Under the 'Schools' tab, review the appropriate 'School' (Elementary, Middle, and High), 'Classroom', and/or 'Teacher' pages for your student(s).
- Learn about International Baccalaureate's curriculum** and approach to learning. Visit the 'International Baccalaureate' link on the Sage International web page (<http://sageinternationalschool.org/about/international-baccalaureate/international-baccalaureate-program>). Visit the International Baccalaureate Organization's web page for additional information about IBO programmes (<http://ibo.org>).
- Attend a post-lottery informational meeting** (required):  
*High School (9<sup>th</sup> to 11<sup>th</sup> grades)* – all students and parents are required to attend the Parent Information Night about the Diploma Programme on Tuesday, March 17<sup>th</sup> starting at 5:30 pm at our downtown campus (601 S. 9<sup>th</sup> Street). This event will include new student information as well as a presentation and (current) student panel discussion regarding the Diploma Programme. Students/families offered enrollment after March 17<sup>th</sup> must arrange a personal meeting with Mr. Keller, Executive Director of Sage International School prior to enrolling.  
*Middle School/Elementary (Kindergarten to 8<sup>th</sup> grades)* – required attendance either on Thursday, March 12<sup>th</sup> at 6:00 pm **OR** Thursday, April 2<sup>nd</sup> at 6:00 pm for a pre-enrollment meeting and Q&A forum. This event will include new student information as well as PYP and MYP specific information.
- Review Student/Parent Handbook** including Attendance policy and Academic Calendar. Draft versions of the 2015-2016 Elementary and Middle/Handbooks are located under the 'For Parents' on the Sage International Web page, then the link on that page called 'parent download' page.

### To Return List (*Incomplete Enrollment packets will not be accepted*):

- Registration Forms** – including Contacts, Field Trip/Medical Release, Home Language Survey, Demographic Survey, Health History & Parent Resource.
- Copy of Birth Certificate**
- Immunization Record or Immunization Exemption Form** (*most recent*). For guidance on immunizations please refer to the Idaho Department of Health and Welfare website (<http://healthandwelfare.idaho.gov/>).
- Family/Student/School Success Contract**. Education is a team effort – we like to make sure everyone is on board!
- Enrichment Fee/Income Determination Form**. There is a \$60.00 enrichment fee for students in grades K – 5 and an \$85 enrichment fee for students in grades 6- 12. This is used to cover IB educational activities including field trips, project materials and other extracurricular as they arise. Families with multiple enrolled students may take a \$5 discount on each subsequent child's fee. **Scholarships are available to cover these expenses.**

### 9th & 10th Graders (*incoming*):

- Copy of student's most recent transcript**. This will assist us in determining students schedule for the 2015-2016 school year. We will also require a final transcript copy at the end of the 2014-2015 school year to finalize class placement.

### Full-day Kindergarteners:

- Tuition Contract and Deposit (\$255.00) – No exceptions.**

*If Applicable:*

**Home/School Busing Registration** – 2015/2016 route information will be published as soon as available. Busing only to Parkcenter location.



## Sage International Success Contract

A Three-Way School Pledge

**With students, parents, and teachers working together in support of education, Sage International students will grow into productive global citizens and lifelong learners.**

***As a student, I will:***

- Attend school every day and be prepared to learn.
- Complete all assignments and turn them in on time.
- Be responsible for my own behavior.
- Take responsibility for my own learning.
- Strive to follow the IB Learner Profile.

***As a parent/guardian or family member, I will:***

- Talk to my child regularly about the value of education and learning.
- Encourage a positive attitude toward school.
- Make sure my child attends school every day, is on time, and has assignments completed.
- Recognize and value my child's school success.
- Make sure my child's physical and emotional needs are met: adequate sleep, regular medical attention, proper nutrition, support and praise.
- Read communications I receive from Sage Internationals' Administration and teaching staff.
- Communicate with Sage International teachers and administration if/when questions or concerns arise regarding my child's education.

***Sage will:***

- Value each child as an individual.
- Teach grade level performance standards.
- Strive to address the individual needs of every student.
- Provide a safe, positive, and healthy learning environment.
- Create a welcoming environment for parents and students.
- Communicate regularly with families about their child's progress in school.

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STUDENT

DATE

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PARENT OR GUARDIAN

DATE

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FOR SAGE

DATE



## Full-Day Kindergarten Contract

**School Year 2015-2016**

Name of Student: \_\_\_\_\_ Boy  Girl  Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

- Full-day kindergarten is a tuition based program.
- A deposit equal to one month's tuition (\$255.00) is due upon enrollment in Full-day kindergarten. Should no default of payment occur, this deposit will serve as your May 2016 tuition.
- Make Checks/Money orders payable to **Sage International School**.
- Tuition amount will be \$255.00 per month Aug through April.
- **Payments are due by the 15<sup>th</sup> of each month.** If payment is not received by the 15<sup>th</sup>, child(ren)'s status as a full-day kindergartener is probationary until payment is made. If payment is 30 days past due, your deposit will be forfeited and child(ren) will be moved to half-day kindergarten.
- Checks returned for Non-Sufficient Funds will be assessed a \$20.00 fee and will be re-deposited one additional time. When returned thereafter, payment by money order or cash will be due within five days.
- If two separate household are splitting the cost of tuition for a single student, each parent/guardian must have a signed contract on file and provide Sage with documentation of the split-payment agreement.

*I hereby certify and affirm that the information on this sheet is true and correct to the best of my knowledge. Additionally, I have read and agree to the terms of contract and billing procedures as outlined above.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposit Received On: \_\_\_\_\_

**Return completed form to:**

Sage International School of Boise  
 457 E. Parkcenter Blvd. Boise, ID 83706  
 Fax: 208.388.3429  
 Email: [lisa@sageinternationalschool.org](mailto:lisa@sageinternationalschool.org)

**Please call Lisa with any questions at 208.995.0301**

**For Office Use:**

Aug (Due Aug 15 <sup>th</sup> )
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May (Deposit)





## Sage International School HOME/SCHOOL BUS REGISTRATION

**PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT**

_____	_____	_____
Student's Last Name	Student's First Name	Start/Change or Effective Date

**AM Rider** (please circle):      M                  T                  W                  TH

**PM Rider** (please circle):      M                  T                  W                  TH

Parent / Guardian Name:				
PHONE #'S:	Home -	Work -	Cell -	Other -
Email Address(es):				

HOME ADDRESS (Must be a street address, not P.O. Box #):	NEAREST CROSSROADS:

EMERGENCY PHONE #:	CONTACT PERSON:	RELATIONSHIP TO STUDENT:

**Please reference Route/Stops Map on Back**

BUS #:		REGULAR PICK-UP LOCATION:	PICK-UP TIME:
BUS #:		REGULAR DROP-OFF LOCATION:	DROP-OFF TIME:

Parent/Guardian Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SAGE CHARTER SCHOOL**

**09/23/2014**

**BUS SCHEDULE FOR 2014-2015 SCHOOL YEAR REGULAR ROUTES**

Please have your child at the bus stop 5 minutes before the scheduled time. Route numbers will be posted in the window on the right side of the bus behind the entrance door.

**If you have any questions, please call**

CALDWELL TRANSPORTATION COMPANY at 459-6612.

**ROUTE #75**

E Lake Forest Dr & S Mimosa Way	6:55 am	5:10 pm
E Wright St & S Minuteman Pl	7:10 am	5:00 pm
Lucky 13 Parking Lot	7:20 am	4:55 pm
E Warm Springs Ave & Timbersaw Dr.	7:30 am	4:50 pm
E Franklin St & N Pierce St	7:40 am	4:40 pm

**ROUTE #76**

Fred Meyer (Overland/5-Mile) Parking Lot	6:50 am	5:13 pm
K Mart (Fairview) Parking Lot	6:56 am	5:09 pm
W Edna St & N Mitchell St	7:01 am	5:03 pm
Fairmont Park Parking Lot	7:08 am	4:57 pm
N 23 <sup>rd</sup> St & W Idaho St	7:16 am	4:49 pm
N 21 <sup>st</sup> St & W Lemp St	7:23 am	4:42 pm

**ROUTE #77**

W Cassia St & S Aurora Dr	6:57 am	5:00 pm
W Cassia St & S Owyhee St	7:08 am	4:48 pm
Shoshone Park Parking Lot	7:23 am	4:44 pm
Fred Meyer (Federal Way) Garden Center	7:34 am	4:35 pm

**ROUTE #78**

Albertson's (Gary Lane) Parking Lot	7:01 am	5:03 pm
Baseball Park (N 36 <sup>th</sup> & Catalpa) Parking lot	7:15 am	4:56 pm
Mormon Church Parking Lot (Cartwright Rd)	7:26 am	4:48 pm
W Lemp St & N 9th St.	7:34 am	4:41 pm



Today's Date: \_\_\_\_\_ Last School Attended: \_\_\_\_\_  
From what district? \_\_\_\_\_

Student's legal name: \_\_\_\_\_  
(Last) (First) (Middle)

Preferred first name or nickname: \_\_\_\_\_  Female  Male

Applying to grade: \_\_\_\_\_ for the 2015-2016 school year. Birth date\*: \_\_\_\_\_

***\*Student must be 5 years old by September 1st, 2015 to attend Kindergarten***

Student's address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Student's home phone: \_\_\_\_\_ Student's cell phone: \_\_\_\_\_

Students email: \_\_\_\_\_

Are there any legal issues such as guardianship/custody/court orders that we should be aware of?

Yes  No If yes, please explain\*: \_\_\_\_\_

***\*please provide court documents if applicable***

### Parent/Guardian 1

Full Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(First) (Last)

Home address: \_\_\_\_\_  
(If different from student's address) (Street) (City) (County) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Which phone number is your primary phone?  Home  Cell  Work

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

### Parent/Guardian 2

Full Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(First) (Last)

Home address: \_\_\_\_\_  
(If different from student's address) (Street) (City) (County) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Which phone number is your primary phone?  Home  Cell  Work

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

***If you need additional space to list other parent/guardian contacts, please list on a separate piece of paper and explain the relationship.***

**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_ Relationship (to student): \_\_\_\_\_ Phone : \_\_\_\_\_  
*(Other Than Parents)*

Day Care Provider's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list anyone who is authorized to drop off/ pick-up your child **other than parent/guardian(s)**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Information**

Has this student ever been expelled or suspended, expelled, or separated? Yes No  
If yes, please explain: \_\_\_\_\_

Does this student have a current Individual Education Plan (IEP)? Yes No  
Does this student have a current 504 plan? Yes No

Other Needs? (please explain) \_\_\_\_\_

Special Interests: \_\_\_\_\_

Additional information that you would like us to know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of siblings that are also enrolled at Sage:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*To the best of my knowledge, the information provided herein is accurate and has not been misrepresented or falsified.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sage International School of Boise does not discriminate on the basis on race, color, religion, and national or ethnic origin in it's educational and admissions policies and affords to all students the rights, privileges, programs and activities made available at the school.





**FIELD TRIP/MEDICAL RELEASE**

Dear Parent/Guardian:

The administration, teachers and staff of Sage International School of Boise believe that community involvement, off-campus activities (P.E., nearby parks and the Greenbelt) and field trips are an important part of your son's or daughter's education.

This year your child will have the opportunity to participate in off-campus activities/field trips. Because of this, we are asking you to complete this form granting permission for your child to participate. However, parents can choose to not have their child participate in said activities. No student is allowed on any off-campus trips without this signed and completed form. Teachers will not be permitted to make exceptions to this rule for any reason.

\_\_\_\_\_

*(Student's full name)*

\_\_\_\_\_

*(Grade)*

has       does not have (check one) my permission to attend school related off-campus activities.

**Student Injuries/Medical Costs**

It is important for parents to understand that even with Sage International School of Boise taking the greatest of all precautions and having close supervision, accidents unfortunately can happen. Sage International carries only liability insurance, meaning that we do not carry health insurance that will cover the cost of medical expenses resulting from an injury that a student may sustain while attending school or during off-campus activities and field trips. Parents/Guardians should be prepared for possible medical expenses that may arise if their child is involved in an accident at school.

I have read and understand that the medical costs for injuries that occur at school or during off-campus activities are the parent/guardian's responsibility.

\_\_\_\_\_

*(Parent/Guardian Signature)*

\_\_\_\_\_

*(Date)*



**HOME LANGUAGE SURVEY**

Dear Parent/Guardian:

The Office of Civil Rights and Idaho State Department of Education require school districts to determine the dominant language spoken by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you.

Student Name: \_\_\_\_\_  
*(Last)* *(First)* *(Middle)*

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

1. Which language did your son or daughter learn when he/she first began to talk? \_\_\_\_\_
2. What language does your son or daughter use at home? \_\_\_\_\_
3. What language do you use when speaking to your child? \_\_\_\_\_
4. Name the language your child speaks with his/her friends outside of the home: \_\_\_\_\_
5. Will you need someone to help translate letters sent home?  Yes  No

Check this box if your family has moved at some time in the past 3 years to look for work in:  
-Agriculture (farming, dairy)  
-Orchards  
-A Nursery (trees, flowers, gardening)

\_\_\_\_\_  
*(Signature of Parent/Guardian)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Translator's printed name (if utilized))*

\_\_\_\_\_  
*(Translator's Signature)*



**RACE/ETHNICITY SURVEY**

Student Name: \_\_\_\_\_

Student State ID (if known): \_\_\_\_\_

*Please answer both questions 1 and 2 by marking the appropriate boxes.*

1. Is the student Hispanic/Latino? (Choose Only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

2. What is the student's race? (Choose ALL that apply)

American Indian or Alaska Native *(A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)*

Asian *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.)*

Black or African American *(A person having origins in any of the black racial groups of Africa.)*

Native Hawaiian or Other Pacific Islander *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)*

White *(A person having origins in any of the original peoples of Europe, the Middle East, or North America.)*

I choose not to provide this information and understand that the ethnic and racial categories will be selected on my behalf by a designated observer from the district.

Print Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_



STUDENT'S HISTORY & HEALTH FORM

Child's Name: \_\_\_\_\_

Has your child ever attended a Boise School?  YES  NO

Has your child had the Chicken Pox disease\*?  YES  NO

*\*You must provide a copy of you child's current immunization records with this Enrollment Packet. Your packet will not be accepted without it.*

Does your child have any ALLERGIES? If yes, what kind:\* \_\_\_\_\_  YES  NO

*\*(if epi-pen is required to be stored at school, please fill out Epinephrine Authorization Form at front desk)*

Is your child on any MEDICATION?  YES  NO

If yes, please list current medications: \_\_\_\_\_

Will it be necessary to take medication at school?\*  YES  NO

*\*(if yes, please fill out Prescription & Authorization for Medication Administration Form at front desk)*

VISION: Has your child had their eyes checked by a doctor in the last year?  YES  NO

Does your child wear glasses/contact lenses?  glasses  contacts

DENTAL: Has your child seen a dentist in the last year?  YES  NO

HEALTH:

Has your child had a history of chronic ear infections?  YES  NO

Does your child currently have tubes in their ears?  YES  NO

Does your child have a hearing loss?  YES  NO

Has your child had any surgeries?  YES  NO

If yes, please explain: \_\_\_\_\_

Does your child have any specific medical problems or physically limiting disorders we should know about?  YES  NO

If yes, please explain: \_\_\_\_\_

Were there any problems with pregnancy, labor, birth or shortly thereafter?  YES  NO

If yes, please explain: \_\_\_\_\_

Was your child born prematurely? Birth Weight \_\_\_\_\_  YES  NO

Has your child had any serious childhood illnesses, accidents or concussions?  YES  NO

If yes, please explain: \_\_\_\_\_

Do you have any concerns about learning problems, speech and/or language problems, short attention span or hyperactivity?  YES  NO

If yes, please explain: \_\_\_\_\_

If short attention span or hyperactivity, what age did it first occur? \_\_\_\_\_

What major changes or events in your family situation occurred during the last year?

moving  death of a family member  divorce  serious illness or accident of a family member

other \_\_\_\_\_

People living in home:	Name	Age	Relationship



**Parent Resource/Volunteer Application**

Thank you for your interest in serving as a school volunteer. The application procedure helps us to provide the safest environment for our students. Sage International School requires volunteers that may be in the presence of children without staff supervision to complete a criminal background check.

**Personal Information:**

Full Name: \_\_\_\_\_  
(First) (Last)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Which phone number is your primary phone?  Home  Cell  Work

E-mail Address: \_\_\_\_\_

Student Name(s) & Grade(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Interests (please check):**

- Volunteering in my child’s classroom
- Events Committee (planning and carrying out events such as: Open House, Parent Information Nights, Coffee Hour, Happy Hour, Scarecrow Stroll, International Potluck, Ignite, Nature Hike, Winter Fun, Camping Trip, End of Year Potluck)
- Communications Committee (assist with social media presence, update and maintain PTO website, publish monthly news letter, create and distribute new family welcome packets, ambassadors for Sage)
- Facilities Committee (assisting in the care and beautification of the school buildings)
- General Volunteers (assist with any volunteer needs that arise)

**Community Resources, Special Interests, or Skills we should know about:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Understanding and Signature (Required):**

I have read the district’s policy and procedure regarding volunteers (please refer to Parent/Student Handbook). I fully understand the policy and procedure and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



A. ENRICHMENT FEE:  INCLUDED  SCHOLARSHIP REQUEST

**PRIVACY ACT STATEMENT:** This explains how we will use the information you give us. Various federal programs require the information on this form. You do not have to give the information, but if you do not, the charter school may not be eligible for amounts of federal funding calculated using the data. According to federal regulations governing the provision of certain federal programs, a low income percentage is determined from a free and reduced meal program and is used for eligibility purposes. Charter schools that do not operate free and reduced-price lunch programs under the National School Lunch Program must acquire information about the number of students in the school whose families meet the same low income eligibility for the various federal programs. We may share your eligibility information with education and health programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules. All information is highly confidential and must be handled accordingly by all program officers.

B. FAMILY NAME: \_\_\_\_\_

**INCOME ELIGIBILITY GUIDELINES Effective from July 1, 2014 - June 30, 2015**

Household size	Federal Poverty Guidelines	Reduced Price meals - 185% of Poverty					Free meals - 130% of Poverty				
	Annual	Annual	Monthly	2X Month	Every two weeks	Weekly	Annual	Monthly	2X Month	Every two weeks	Weekly
1	\$11,670.00	\$21,590.00	\$1,800.00	\$900.00	\$831.00	\$416.00	\$15,171.00	\$1,265.00	\$633.00	\$584.00	\$292.00
2	\$15,730.00	\$29,101.00	\$2,426.00	\$1,213.00	\$1,120.00	\$560.00	\$20,449.00	\$1,705.00	\$853.00	\$787.00	\$394.00
3	\$19,790.00	\$36,612.00	\$3,051.00	\$1,526.00	\$1,409.00	\$705.00	\$25,727.00	\$2,144.00	\$1,072.00	\$990.00	\$495.00
4	\$23,850.00	\$44,123.00	\$3,677.00	\$1,839.00	\$1,698.00	\$849.00	\$31,005.00	\$2,584.00	\$1,292.00	\$1,193.00	\$597.00
5	\$27,910.00	\$51,634.00	\$4,303.00	\$2,152.00	\$1,986.00	\$993.00	\$36,283.00	\$3,024.00	\$1,512.00	\$1,396.00	\$698.00
6	\$31,970.00	\$59,145.00	\$4,929.00	\$2,465.00	\$2,275.00	\$1,138.00	\$41,561.00	\$3,464.00	\$1,732.00	\$1,599.00	\$800.00
7	\$36,030.00	\$66,656.00	\$5,555.00	\$2,778.00	\$2,564.00	\$1,282.00	\$46,839.00	\$3,904.00	\$1,952.00	\$1,802.00	\$901.00
8	\$40,090.00	\$74,167.00	\$6,181.00	\$3,091.00	\$2,853.00	\$1,427.00	\$52,117.00	\$4,344.00	\$2,172.00	\$2,005.00	\$1,003.00
For Ea. Add'l	\$4,060.00	\$7,511.00	\$626.00	\$313.00	\$289.00	\$145.00	\$5,278.00	\$440.00	\$220.00	\$203.00	\$102.00

C. Name of Charter School your child(ren) is/are attending: \_\_\_\_\_

D. Number of children attending: \_\_\_\_\_

E. Name of traditional public school(s) and district that serves the area in which you reside: \_\_\_\_\_

F. Number of People living in the household: \_\_\_\_\_

G. Please use the above chart to determine which category your household falls under and check the appropriate box:

FREE  REDUCED  NONE

H. Please sign, date and return this form the the school office in a sealed envelope.

I certify that all of the information provided is true and correct. I understand that this information is being given for the receipt of federal funds.

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Printed Name of Adult Household Member

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date Signed







# Sage International School

## FERPA OPT OUT FORM FOR DIRECTORY INFORMATION

FERPA – Family Education Rights and Privacy Act of 1975, 20 U.S.C §1232g., revised Dec. 2008

Sage International School Policy #3570 – Student Records

If you do not want photos or directory information of your student published in directories, yearbooks, activities, programs, website of other Sage International School publications, please complete this form. If no documentation is on file with Sage International School, it will be assumed that permission to release information has been granted.

Directory information can be made public without the consent of parents, but Sage International School uses extreme discretion when releasing any information to an outside source.

**Directory information includes:** The student’s name, parent/guardian name(s), email and zip code.

**Yearbook information includes:** The student’s name, grade level, participation in officially recognized activities, awards received, and sports.

**Military/Higher Education Recruiters:** Consistent with federal law, the names, addresses, and telephone number of secondary students (Grades 9 to 12) shall be released upon a request made by military recruiters and/or institutions of higher education unless parent/guardian has advised Sage International School in writing to not release.

**Completed forms must be returned to the school**

**PLEASE DO NOT RELEASE (CHECK ALL THAT APPLY):**

- Directory information
- Yearbook information
- Video or audio recordings
- Grades 9 to 12 directory information to military or higher education recruiters
- Photos used by the school – printed materials, on school website, in social media

**STUDENT INFORMATION:**

Printed Student Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Grade \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature & Date \_\_\_\_\_

**RETURN WITHIN 30 DAYS OF START OF SCHOOL OR DATE OF ENROLLMENT**  
**This release form will continue on file during a student’s enrollment with Sage International School**