

Application for admissions



Please mail application along with family photo to:

1165 El Camino Real
South San Francisco
CA, 94080
Tel (650)873-4086
Fax (415)651-9447
info@urbansprouts.com

Desired Start Date _____

Child's name _____
Last First Middle Nickname

Date of birth _____

Primary address for admissions correspondence:

Number and Street City State Zip

Phone numbers: _____

Schools previously attended by applicant, dates of attendance and reasons for leaving:

School	Dates	Reason for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

Desired schedule:

- Part day / 5 days a week (1pm pick up)
- Part day / M,W,F (1pm pick up)
- Part day / T,TH (1pm pick up)
- Full day / 5 days a week (circle 4pm or 5:30pm pick up)
- Full day / M,W,F (circle 4pm or 5:30pm pick up)
- Full day / T,TH (circle 4pm or 5:30pm pick up)

Parent/Guardian info:

Name _____
Address _____
Phone _____
Cell phone _____
Email _____
Occupation _____
Employer _____

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Name _____
Address _____
Phone _____
Cell phone _____
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Employer _____

Please state why you are interested in having your child attend Urban Sprouts Day School (program, convenience, other factors ...)
