



The Maddux School
 11614 Seven Locks Road
 Rockville, MD 20854
 301.469.0223
www.madduxschool.org

**APPLICATION FOR ADMISSION
 School Year 2017-18**

Please Print or Type

Please Attach a Recent Photo

Student Information

Child's Name _____
First Middle Last

Address _____ Home Telephone () _____
Number and Street

_____ Date of Birth _____
City State Zip Code

Age on September 1, 2017 _____ Application for Grade _____

Current School _____ Previous School _____

Parent(s)/Guardian(s)

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____
(if different from student) (if different from student)

Home Telephone _____ Home Telephone _____

Cell Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Telephone _____ Business Telephone _____

E-mail Address _____ E-mail Address _____

Correspondence should be sent to: Both parents Mother only Father only Other

How did you learn about The Maddux School? _____

Have you previously submitted an application to The Maddux School? _____

If so, what year? _____

Assessment Information:

Has your child received any testing? _____ If so, please indicate test(s) administered and approximate date(s) and submit copies.

	Date	Name of Test	Evaluator
Speech/Language Evaluation			
Occupational Therapy Evaluation			
Developmental/Psychological Evaluation			
Other			

Please indicate any services your child has received or is currently receiving and approximate dates:

- _____ Speech/Language Therapy _____
- _____ Occupational Therapy _____
- _____ Play Therapy/Social Skills Training _____
- _____ Special Education Services _____
- _____ Other (please describe) _____

I give The Maddux School permission to contact the following professionals about my child:

_____	_____
Name	Phone number
_____	_____
Name	Phone number

I am enclosing a \$100.00 non-refundable application fee payable to The Maddux School.

Parent/Guardian _____ Date _____

**The Maddux School
Parent Questionnaire**

Child's Name _____ **Date of Birth** _____

What are your child's strengths?

What are your child's special challenges?

How does your child relate to peers and adults?

How does your child learn best?

How do your child's social skills and maturity compare to his/her peers?

How do your child's communication skills and concept development compare to peers?

Does your child demonstrate any behavioral difficulties at home or in school?

What do you hope your child will gain from attending this program?

Other comments: