



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

**APPLICATION FOR ADMISSION
 School Year 2018-19**

Please Print or Type

Please Attach a Recent Photo

Student Information

Child's Name _____
First Middle Last

Address _____
Number and Street

City State Zip Code

Home Telephone _____

Date of Birth _____

Age on September 1, 2018 _____

Application for Grade _____

Current School _____

Previous School _____

Parent(s)/Guardian(s)

Parent/Guardian _____

Parent/Guardian _____

Address _____
(if different from student)

Address _____
(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 enclose copy(ies) of report(s).

	Date(s)	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: _____

Thank you for your application to The Maddux School. We sincerely appreciate your interest.