



The Maddux School  
 11614 Seven Locks Road  
 Rockville, MD 20854  
 301.469.0223  
[www.madduxschool.org](http://www.madduxschool.org)

**APPLICATION FOR ADMISSION  
 School Year 2019-20**

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, 2019 \_\_\_\_\_

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.