

APPLICATION FOR 2023-2024 SCHOOL YEAR



**Maverick
Learning
Center**

STUDENT'S NAME

AGE

GRADE LEVEL FOR THE 23-24 SCHOOL YEAR _____ **K-2** _____ **3-5** _____ **6-8**

PARENT/GUARDIAN'S NAME

ADDRESS

EMAIL _____ **PHONE** _____

PARENT/GUARDIAN'S NAME

ADDRESS

EMAIL _____ **PHONE** _____

Other family members living in the home (ages and schools of siblings):

Diagnosis and Date: _____

Current and previous school(s) and dates attended:

Current and previous therapies, providers, and dates attended:

Current classroom accommodations:

List of student's strengths:
