

APPLICATION FOR 2024-2025 SCHOOL YEAR



**Maverick
Learning
Center**

STUDENT'S NAME

AGE

GRADE LEVEL FOR THE 24-25 SCHOOL YEAR _____ **K** _____ **1-2** _____ **3-4** _____ **5-6**

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:

List of parent's concerns:

Are you interested in an after-school program? _____

Are you interested in a summer program? _____

Please write a brief narrative about your child.
