



The Maven Academy

PERSONAL INFORMATION

Name of Applicant _____
Last First Middle

Home Address _____
Street City State Zip

Student Phone _____ Date of Birth _____

Student E-mail Address _____

Applying for grade _____ Applying for school year _____

FAMILY INFORMATION

Father's Name (or guardian)

Last First

Father's Employer _____ Father's Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father's E-mail address _____

Mother's Name (or guardian)

Last First

Mother's Employer _____ Mother's Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's E-mail address _____

Student lives with: Parents _____ Mother _____ Father _____ Other (specify) _____



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EDUCATIONAL INFORMATION/STUDENT INTERESTS

Currently in public/private school: Yes or No

School presently attending _____ School Phone _____

School Address _____
Street City State Zip

Currently homeschooling: yes/no

Please list any co-ops or tutorials you are attending and briefly describe your homeschooling journey (curriculums used, unschooling, nature-based etc.)

Other schools applicant is applying to: _____

If the applicant has learning disabilities, emotional challenges, physical disabilities or other special needs, please describe here or provide attachment.

In the last 3 years has your child had an IEP or 504? Yes/No Educational Evaluation? Yes/No

If yes, please provide a copy of the 504/IEP and/or educational/neuropsychological evaluation with this application. It may be emailed to admin@themavenacademy.com



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List organizations, clubs, and activities in which the applicant has participated during the last two years. Include school and community activities. Mention any rewards or honors received.

Parents, please list 3 adjectives that describe your child:

Briefly describe the goals you have for your child for the 2023-2024 school year:

Referred by a current or past Maven family? yes/no If yes, which family? _____

Applicant Signature _____ Date _____

Parent or guardian signature _____ Date _____



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STUDENT MEDICAL FORM

Student's Full Name _____

Date of Birth _____ Sex _____ Grade _____

Father/Guardian _____

Home Phone	Cell Phone	Work Phone	Email Address
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Mother/Guardian _____

Home Phone	Cell Phone	Work Phone	Email Address
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Emergency Contact #1 _____

Home Phone	Cell Phone	Work Phone	Email Address
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Emergency Contact #2 _____

Home Phone	Cell Phone	Work Phone	Email Address
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HEALTH HISTORY

Student Physician _____ Physician Phone _____

List all allergies _____

List all medications the student is currently taking/will be taking during the school year:

Does student have any or had of the following (circle): Asthma Diabetes Seizures Hepatitis

Please list all health concerns: _____

Authorization to Medical Treatment

In the event that a serious emergency arises, it may be necessary for a physician to attend to your student before the staff can reach you or your designated physician. Such emergency care can be provided only if you sign the following Authorization.

Insurance company: _____ Policy # _____

Student SSN: _____ Parent/Guardian Signature _____



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PARENT ACKNOWLEDGEMENT FORM

I/We undersigned responsible parent(s) guardian(s) of _____,
Herewith provide sworn assurance that all information provided on the enclosed
application related to the admissions process is true and correct. I/We also
acknowledge that failure to disclose all information concerning the student's past
academic, behavioral, or medical history shall be considered grounds for immediate
dismissal of the student if such information comes to light following acceptance.

PARENT OR GUARDIAN SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE

DATE

Is this is a separated family, please indicate which parent has legal custody (if this
situation changes please notify the Office of Admission:

Parent with legal custody

Applications will not be considered without this signed acknowledgement form.

Notice of Non-Discrimination Policy

*The Maven Academy does not discriminate on the basis of race, color, religion,
disability, sex or national/ethnic origin in the administration of its admissions procedures,
educational programs, personnel policies, or any other school administered program.*