



# The Maven Academy

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## **PERSONAL INFORMATION**

Name of Applicant \_\_\_\_\_  
Last first middle

Home Address \_\_\_\_\_  
number & street city state zip

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
area code number

Date of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_

Applying for grade (please circle one)  
9 10 11 12

Applying for school year \_\_\_\_\_  
(date)

## **FAMILY INFORMATION**

Father's Name (or guardian) \_\_\_\_\_

Mother's Name (or guardian) \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Applicant lives with:

Parents \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other \_\_\_\_\_ specify \_\_\_\_\_

Sibling Information

Name Age Current Grade School Presently Attending

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## **Student Medical Form**

**IMPORTANT - PLEASE READ:** Please make sure that all blanks are completed on this form. If an item does not apply to your student, please put n/a in the blank to insure accurate information. Please make sure that the contacts listed are those who may be contacted at any time while your student is at school.

Student's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact #1** \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### **HEALTH HISTORY**

1. Student Physician \_\_\_\_\_ Physician Phone: \_\_\_\_\_

2. List any allergies: \_\_\_\_\_

3. List medications the student is currently taking or will be taking this school year: \_\_\_\_\_

4. Does the student have, or ever had, any of the following:

\_\_\_\_ Rheumatic Fever      \_\_\_\_ Diabetes      \_\_\_\_ Asthma

\_\_\_\_ Seizures      \_\_\_\_ Hepatitis

Any other health concerns, please \_\_\_\_\_

### **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.

I, hereby give The Maven Academy permission to authorize medical care in the event of an emergency.

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

Student SSN: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_



## **TRANSCRIPT RELEASE FORM**

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APPLICANT'S LEGAL NAME                      LAST                      FIRST                      MIDDLE

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DATE OF BIRTH    CURRENT GRADE

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CURRENT SCHOOL    SCHOOL PHONE

### **Parent or Guardian**

I give permission for copies of all transcripts and test records to be sent to The Maven Academy.

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PARENT OR GUARDIAN SIGNATURE    DATE

*Please submit this form to your child's registrar or counselor for processing.*

### **Registrar or Grade Counselor**

Please mail a final 7th grade transcript and the 1st quarter 8th grade report card. Please include any standardized test results for the past two years.

The Maven Academy  
1908 Forest Dr. , Suite 2J  
Annapolis, MD 21401