



Potential Student Letter of Interest

One Potential Student Letter of Interest must be filled out per child.

School Year Applying For: _____

Student Name: _____

Grade Applying for: _____

Mother or Guardian 1 Information:

Name: _____

Phone: _____

Address: _____

Email: _____

Employer's Name: _____

Employer's Phone: _____

Employer's Address: _____

Hours of Employment: _____

Father or Guardian 2 Information:

Name: _____

Phone: _____

Address: _____

Email: _____

Employer's Name: _____

Employer's Phone: _____

Employer's Address: _____

Hours of Employment: _____

Marital Status: _____

Please specify any legal custody agreements: _____

Previous School Information: (Please list all schools previously attended)

School Name: _____ Date of Attendance: _____

School Address: _____ Phone: _____

Reason for Leaving: _____

School Name: _____ Date of Attendance: _____

School Address: _____ Phone: _____

Reason for Leaving: _____

School Name: _____ Date of Attendance: _____

School Address: _____ Phone: _____

Reason for Leaving: _____

Additional Information:

Any health concerns we should be aware of? _____ If yes, please be specific: _____

Any behavior concerns we should be aware of? _____ If yes, please be specific: _____

Has this student had an IEP in the past? _____ If yes, explain the reason for the IEP: _____

Does your family attend church on a regular basis? _____ If yes, what church do you attend: _____

Please specify how you will transport your child to and from school (ex. Driven by parent, requesting MAPS transportation): _____

Briefly explain why you are interested in sending your child(ren) to MAPS: _____

(Mother/Guardian 1 Signature)

(Date)

(Father/Guardian 2 Signature)

(Date)

For Office Use Only:

Date Received: _____