



**Marietta Johnson School of Organic Education**

8 Marietta Drive, Fairhope AL, 36532

Phone: (251) 928-9347 Email: Marietta.School@MCHSI.com

**APPLICATION FOR ADMISSION**

School year \_\_\_\_\_ Date of Application \_\_\_\_\_

Student Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS # / State ID #: \_\_\_\_\_

Last Grade completed: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**Grade applying for:**

Early Life (Pre-K & K, generally ages 3-5)

First Life (grades 1-2, generally ages 6-7)

Second Life (grades 3-4, generally ages 8-9)

Third Life (grades 5-6, generally ages 10-11)

Fourth Life (grades 7-8, generally ages 12-13)

**Previous School History**

Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Grades attended: \_\_\_\_\_ graduation date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Grades attended: \_\_\_\_\_ graduation date: \_\_\_\_\_

Has this student ever been dismissed or suspended? If yes, provide a detailed explanation: \_\_\_\_\_

\_\_\_\_\_

Has this student been enrolled in any special programs? If yes, provide a detailed explanation: \_\_\_\_\_

\_\_\_\_\_

Do you have any educational concerns about your child? If yes, provide a detailed explanation: \_\_\_\_\_

\_\_\_\_\_

Has this student had any difficulties interacting with peers? If yes, provide a detailed explanation: \_\_\_\_\_

\_\_\_\_\_

Does this student have any talents or interests you'd like us to be aware of? If yes, provide a detailed explanation:

\_\_\_\_\_

How did you hear about the Organic School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Parent / Guardian Information**

Parents / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Others in the home: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

Others in the home: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

Name / Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Name / Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Name / Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**Photo Release**

The school has an active social media presence and photos / videos of our students are a key focus.

The Organic School (MJSOE) has my permission to use photographs of the children listed below. I understand the images may be used in brochures, websites, social media and other forums. The Organic School has my permission to use photographs and videos of the following individuals:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

If you do not wish your child's photographs to be used, please state so below:

I do not give permission for photographs or videos to be used.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



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**Local Field Trips**

The downtown Fairhope area affords many opportunities for educational field trips. Please provide your blanket permission for your child to attend field trips within the city limits of Fairhope.

\_\_\_\_\_ I do give permission for my child to walk or ride in the car with a teacher or chaperone to attend school field trips within the City of Fairhope.

\_\_\_\_\_ I do NOT give permission for my child to walk or ride in the car with a teacher or chaperone to attend school field trips within the City of Fairhope.

**Medical Information and Consent Form**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have any ongoing health conditions that the school should be aware of? \_\_\_\_\_

Does your child take any medications on a regular basis? Please list names and doses \_\_\_\_\_

Does your child have any allergies? Please list all allergies and how you handle them: \_\_\_\_\_

Does your child have any other medical concerns? Please describe in detail: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parental Consent and Authorization**

We (I) authorize any adult, in whose care our (my) child, \_\_\_\_\_

has been entrusted to consent to any examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, including but not limited to emergency surgery or medical treatment, to be rendered to the child under the general or special supervision and on the advice of any licensed physician or dentist or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician, dentist or at said hospital and to execute any necessary document

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred with seeking medical attention for your child.

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



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**Parental Commitments and Volunteering**

Parents and caring adults who take an active role in their child’s education are vital to educational success and we encourage parental involvement with both your child’s learning and with the school itself. Having adult support in your child’s learning experience is crucial to a student's attitude toward school and their ability to learn. In choosing the Marietta Johnson School of Organic Education, you are asked to accept the responsibility of supporting the school and the Organic Family.

Parents / Family are expected to actively participate in activities and events at the school through any resources possible. Volunteers are essential to our school's well-being and its educational atmosphere. Each individual student's life is enriched by having their family involved and committed to the school.

Parents / Family are required to spend a minimum of 4 hours per month per student volunteering at the school. Volunteering can be performed in many different ways, including attending parent round tables, helping to plan events, fundraising, direct service delivery, teaching a special events class, assisting in the classroom, general cleanup around the campus, etc.

We strive to keep tuition and fees as reasonable as possible so that students are not limited by financial restraints. We expect tuition to be paid timely so that we can keep our commitment to our faculty, suppliers, and pay other expenses we might incur during the school year.

We have read the above and understand our responsibilities.

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**Parent or Guardian**

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**Parent or Guardian**

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**Date**

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**Date**



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Student: \_\_\_\_\_

**Financial Contract Agreement**

In consideration of acceptance of my/our child for enrollment in the Marietta Johnson School of Organic Education, I/we agree to the following:

1. A non-refundable application fee of **\$50 per student**.
2. A nonrefundable enrollment fee of **\$200 per student**.
3. A nonrefundable **\$200 enrichment fee per student, per semester**.
4. Taxes and other income will be provided prior to be considered for sliding fee scale tuition.
5. A nonrefundable annual tuition in the amount of \$\_\_\_\_\_.

Tuition may be paid in one payment or in 10 monthly allotments, however the entire amount of tuition is being committed to regardless of the method of payment.

If paying in monthly allotments, the first monthly payment in the amount of \$\_\_\_\_\_ is due at registration or no later than the 15<sup>th</sup> of the month prior to starting school. The remaining 9 monthly payments are due on the 15<sup>th</sup> of each month prior to the month of attendance (e.g., October tuition is due on September 15<sup>th</sup>). Tuition is considered late after the 1st of the month.

6. A late fee of \$25 per month on any account that is not kept current.
7. Unless other arrangements have been made and agreed to by the School Board in writing, students whose accounts are past due may be dropped from enrollment. This does not waive or relieve the annual tuition obligation.
8. All costs of collecting sums in accordance with this agreement, including a reasonable attorney's fee, whether the same is collected by suit or otherwise.

I/we agree to the above and hereby acknowledge receipt of a copy of this agreement.

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



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**Sliding Fee Scale**

Level A = \$8,000 per school year  
 \$7,500 each additional child

Level B = \$7,000 per school year  
 \$6,500 each additional child

Level C = \$6,000 per school year  
 \$5,500 each additional child

Level D = \$5,000 per school year  
 \$4,500 each additional child

In order to be eligible for a discounted tuition according to the scale below, applicants must submit previous year's tax documents showing total gross annual income. Applicants must also include any and/or all child support monies received in the total household income for the purpose of determining eligibility.

Family Size	Annual Income Tuition Level A	Annual Income Tuition Level B	Annual Income Tuition Level C	Annual Income Tuition Level D
2	\$58,300 & up	\$43,590 - \$58,299	\$29,420 - \$43,589	\$14,710 - \$29,419
3	\$74,120 & up	\$55,090 - \$74,119	\$37,060 - \$55,589	\$18,530 - \$37,059
4	\$89,400 & up	\$67,050 - \$89,399	\$44,700 - \$67,049	\$22,350 - \$44,699
5	\$104,680 & up	\$78,510 - \$104,679	\$52,340 - \$78,509	\$26,170 - \$52,339
6	\$119,960 & up	\$89,970 - \$119,959	\$59,980 - \$89,969	\$29,990 - \$59,979
7	\$135,240 & up	\$101,430 - \$135,239	\$67,620 - \$101,429	\$33,810 - \$67,619
8	\$150,520 & up	\$112,890 - \$150,519	\$75,260 - \$112,889	\$37,630 - \$75,259