



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: _____

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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

Date

Parent or Guardian

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.

Parent or Guardian

Date

Parent or Guardian

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 for full-time students, and \$150 per student for part-time students**. There is a \$250 sibling discount.
3. A nonrefundable **\$200 enrichment supply fee per student, per semester for full-time students, and \$150 fee per student, per semester for part-time students..**
4. A nonrefundable annual tuition in the amount of \$ _____. Proof of income is required for full-time students applying for sliding scale fee.

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. There is a 10% discount if paid annually instead of monthly.

If paying in monthly allotments, the first monthly payment in the amount of \$ _____ is due at registration or no later than the 15th of the month prior to starting school. The remaining 9 monthly payments are due on the

15th of each month prior to the month of attendance (e.g., October tuition is due on September 15th).

Tuition is considered late after the 1st of the month.

5. A late fee of \$100 per month on any account that is not kept current. Returned checks for non-sufficient funds will incur a \$35 charge.
6. 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.
7. 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

Date

Parent or Guardian

Date