

# 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 \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last grade completed \_\_\_\_\_ Last school attended \_\_\_\_\_

Applying for (Circle one)    Pre-K       Kindergarten       Grades 1-8       High School

List previous schools attended:

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Name	Dates	Grade
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Address

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Name	Dates	Grade
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Address

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## Family Information

Parent/Guardian

Parent/Guardian

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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

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

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

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

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

Please list any other adults and/or children living in the home:

Name:	Age:	Relationship:	School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has this student ever been dismissed or suspended? \_\_\_\_\_

Has this student been enrolled in any special programs? \_\_\_\_\_

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Does student take any prescribed medications? \_\_\_\_\_

Has this student had any difficulties interacting with peers? \_\_\_\_\_

If any of the above answers is yes, please explain below:

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How did you learn about our school? \_\_\_\_\_

Did someone refer you to us? \_\_\_\_\_ Who? \_\_\_\_\_

How will your child benefit from attending our school? \_\_\_\_\_

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Do you have any special talents you wish to share with our students? \_\_\_\_\_

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What do you know about the school's philosophy? \_\_\_\_\_

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Will you be able to attend informational sessions about our philosophy? \_\_\_\_\_

## Emergency Contacts:

NAME

PHONE #

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_____	_____
_____	_____
_____	_____
_____	_____

List of persons permitted to pick up student: (ID may be required)

NAME

PHONE #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/ Guardian Signature

## MEDICAL INFORMATION AND CONSENT FORM

Student's Name \_\_\_\_\_  
First Middle Last

**Medical Information**

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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? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If your answer to any of these questions is yes, please explain.

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Please initial if you give The Organic School permission to give your child the following:

Tylenol \_\_\_\_\_ Tums \_\_\_\_\_ Benadryl \_\_\_\_\_

Insurance company \_\_\_\_\_

Phone number \_\_\_\_\_

Policy/Contract number \_\_\_\_\_

## 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 pursuant to the authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature