



**McGinnis Woods**  
**School**

**APPLICATION FOR  
ADMISSION**

Please print and fill out all blanks (use NONE or N/A if not applicable)  
2023-2024

Child's Full Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ SS# \_\_\_\_\_

Subdivision \_\_\_\_\_

County \_\_\_\_\_

**ADMISSION REQUEST**

Applying for: Grade \_\_\_\_\_ Preferred Start Date \_\_\_\_\_

**STUDENT BIOGRAPHICAL INFORMATION**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_

Place of birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Religious Preference \_\_\_\_\_

**Ethnic Background:**

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black/African American

\_\_\_\_\_ White/Anglo/Caucasian

\_\_\_\_\_ Other. Please specify \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

**PARENTS / GUARDIANS**

**Parent/Guardian 1:**

**Parent/Guardian 2:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work number(s) \_\_\_\_\_

Work number(s) \_\_\_\_\_

Cell Number(s) \_\_\_\_\_

Cell Number(s) \_\_\_\_\_

Work Hours \_\_\_\_\_

Work Hours \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

**Parents:**

\_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Address (if different from applicant's) \_\_\_\_\_

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Describe the general health of the parents \_\_\_\_\_

Are there any limitations on either parent's right to pick up or visit the child at school?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please attach a copy of the court order to keep on file at McGinnis Woods.*

Please explain any social or family circumstances of which McGinnis Woods should be aware:

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**HEALTH INFORMATION**

Please submit immunization form 3231 & 3300 – required by Georgia law  
Updated forms are required as they expire

Physician \_\_\_\_\_

Practice \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Brief Health History \_\_\_\_\_

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**Child's Health Insurance**

Name of Insurance Plan \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber's Name (on insurance card) \_\_\_\_\_

Social/Emotional/Behavioral/Developmental Concerns

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Does your child have an IEP or 504 Plan? \_\_\_\_\_

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## ALLERGIES

**List all allergies or sensitivities to drug, food, etc. and reaction. Please write none if no allergies exist.** *All food allergies require written documentation from a physician.*

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\*\*For each allergy listed that may require medication, an Allergy Action Form must be completed.

## MEDICATION

**State Law requires that all medication taken at school must be turned in to the office with the complete medication form to administer.**

**List all medications currently being taken on a regular basis:**

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**Any medical conditions or special needs (i.e.: Asthma, RAD, Reflux, food intolerance or religious food preferences) of which the school should be aware? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**If yes, please explain**

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**(For Asthma or RAD requiring medication to be kept at school, an asthma action plan is required.)**

**List any known triggers for your child's asthma: \_\_\_\_\_**

**How often has your child needed urgent care from a doctor for an asthma attack?**

**In the past 12 months: \_\_\_\_\_ in the past 3 months? \_\_\_\_\_**

## FOOD AND DIET

**Please omit the following from diet due to food intolerance or religious preferences:**

**\_\_\_\_\_ beef \_\_\_\_\_ pork \_\_\_\_\_ fish \_\_\_\_\_ chicken \_\_\_\_\_ all meat (vegetarian)**

**(no pork entrees are served at lunch. Corn dogs, hot dogs etc. are made with turkey)**

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**EMERGENCY AND RELEASE INFORMATION**

**Other persons in addition to parents to whom McGinnis Woods is authorized to release this child to shall be listed below. Under no circumstances will McGinnis Woods release this child to anyone not identified below without specific instructions from the parent. Special instruction forms are available at the front desk. Additions or changes to this list must be made in writing. All persons must reside in the metro Atlanta area.**

**EMERGENCY**

**1. Name \_\_\_\_\_ Relationship \_\_\_\_\_**

**Address \_\_\_\_\_**

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**Phone Number(s) \_\_\_\_\_**

**2. Name \_\_\_\_\_ Relationship \_\_\_\_\_**

**Address \_\_\_\_\_**

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**Phone Number(s) \_\_\_\_\_**

**RELEASE AUTHORIZATION**

**1. Name \_\_\_\_\_ Relationship \_\_\_\_\_**

**Address \_\_\_\_\_**

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**Phone Number(s) \_\_\_\_\_**

**2. Name \_\_\_\_\_ Relationship \_\_\_\_\_**

**Address \_\_\_\_\_**

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Phone Number(s) \_\_\_\_\_

**PREVIOUS SCHOOLS**

Please list all previous school(s) attended. All records *must* be received prior to admission.

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<b>School Name</b>	<b>Dates of attendance</b>
<b>Reason for leaving</b>	

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<b>Reason for leaving</b>	

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<b>School Name</b>	<b>Dates of attendance</b>
<b>Reason for leaving</b>	

**SIBLINGS**

Please list the name(s) of all siblings and any schools attended (preschool – college)

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<b>Sibling Name and</b>	<b>Age</b>	<b>School Attended</b>	<b>Dates of Attendance</b>
<b>Reason for leaving</b>			

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<b>Sibling Name and</b>	<b>Age</b>	<b>School Attended</b>	<b>Dates of Attendance</b>
<b>Reason for leaving</b>			

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<b>Sibling Name and</b>	<b>Age</b>	<b>School Attended</b>	<b>Dates of Attendance</b>
<b>Reason for leaving</b>			

## **FINANCIAL AND PROCEDURAL AGREEMENT**

### **FEES AND TUITION**

An initial registration fee of one hundred and fifty dollars (\$150.00) shall be paid for each child at the time of initial registration. The annual registration fee of one hundred and twenty-five dollars (\$125) shall be due and payable upon re-enrollment. To reserve your child's space in class, the \$1000 non-refundable deposit is due by May 1, 2023. The Curriculum fee, Technology fee, Field Trip fee and PA and School Activity Fund fee will be billed to your account by May 1, 2023. All fees are non-refundable. No bills or invoices are sent.

If your child is not picked up by the end of the school day, your child will be placed in the After School Program and your account will be billed appropriately.

### **SIBLING DISCOUNTS**

Family is important to McGinnis Woods Country Day School. We offer a generous sibling discount which is given automatically to all families. The discounts are as follow:

- 1st sibling enrolled 5%
- 2nd sibling enrolled 10%
- 3rd sibling enrolled 15%
- 4th sibling enrolled 20%

### **SECURITY KEY DEPOSIT**

McGinnis Woods is equipped with a controlled access security system to limit unauthorized entry of visitors without the knowledge and permission of the administration. Each family shall be issued one security key. Additional keys are available for a refundable deposit of \$35.00 for each key issued. Each parent or other regularly designated pick up person is required to have a key.

### **LATE CHARGES AND PENALTIES**

Monthly tuition is due on or before the first day of every month. Invoices are not sent. A late charge of twenty-five (\$25.00) dollars shall be automatically added when a balance is carried forward. If an account becomes delinquent (over one week past due without receipt of payment) there will be an additional monthly service charge of eighteen percent (18%) of the past due balance added automatically. In the event arrangements to make payment are not made, McGinnis Woods may, at its discretion, dismiss the child and the

parent shall remain responsible for the balance due and any expenses incurred by McGinnis Woods in the pursuit of payment.

#### **WITHDRAWAL**

The parent agrees to furnish McGinnis Woods with at least thirty (30) days advance written notice of such date of withdrawal. However, the parent/guardian is still obligated to pay the tuition/charges per the tuition contract for the full academic year.

#### **ADMISSIONS**

Initial and continued enrollment will be at the discretion of McGinnis Woods based upon the best interests of the child, the expectation that he/she will benefit from the program, and the health, safety and general welfare of the child and the other enrolled children. Enrollment shall without regard to race, creed, sex, or national origin.

#### **CURRENT INFORMATION**

The parent is **required** by state law to update information on the enrollment application as necessary. Please remember when any of your phone numbers or your address change, updates must be made immediately in writing. Information update forms are available.

#### **PERMISSION**

We hereby grant McGinnis Woods permission for this child to:

- A. Take part in all program activities, including the use of indoor and outdoor equipment;
- B. Be photographed or videotaped in connection with the daily program activities; these may be posted on the school web site, printed materials and/or yearbook;
- C. Leave the premises of McGinnis Woods to take part in planned field trips supervised by McGinnis Woods staff. Parents are encouraged to participate in all field trips;
- D. Participate in water-related activities supervised by McGinnis Woods staff;
- E. Be listed in the McGinnis Woods School Directory

#### **PARENT HANDBOOK**

Each parent is responsible for reading the McGinnis Woods Parent Handbook. Signature on this application acknowledges receipt of, understanding of, and adherence to all policies stated in the Parent Handbook and any addendum (which may be in the form of a memo.)

#### **GENERAL AND FINANCIAL ACKNOWLEDGMENTS**

To the best of our knowledge the information contained in this application is true and accurate. The administration may verify any part of this application material. If any part of this application is inaccurate, or the provisions not upheld, the student is subject to dismissal from the school. The applicant desires to be a student at McGinnis Woods.



**We have specifically reviewed each of the provisions of this application and Parent Handbook and hereby agree to comply with all provisions hereof.**

**As parents/guardians of the applicant, we attest that the information herein is true and accurate to the best of our knowledge. If the applicant is accepted to McGinnis Woods, we grant the school officials the permission to secure medical attention as needed in case of emergency.**

**\_\_\_\_\_ Please check if you would like a receipt after each payment**

**Please check ONE of the following:**

**\_\_\_\_\_ Please do NOT enroll my child in Before/After School**

**\_\_\_\_\_ Please enroll my child in Before & After School**

**\_\_\_\_\_ Please enroll my child in Before School ONLY**

**\_\_\_\_\_ Please enroll my child in After School ONLY**

**I plan on my child attending McGinnis Woods through \_\_\_\_\_ grade. (up to 8<sup>th</sup> grade)**

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**Parent Signature**

**Date**

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**Parent Signature**

**Date**

**Any additional information:**

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