



## **Family Information**

Applicant lives with \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer: \_\_\_\_\_ Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

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Applicant lives with \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer: \_\_\_\_\_ Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

If parents are divorced or separated, please provide the following information for the parent who is responsible for the child's attendance. \_\_\_\_\_

## **Extended Family Information**

*Please list the applicant's grandparents.*

Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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## **Previous Schools**

The Marcus Garvey School reserves the right to call previous schools to request records of attendance, grades, and conduct before and after accepting your child.

**Please list applicant's previous schools starting with the current school.**

<b>School Name:</b> _____ <b>Dates attended:</b> _____ <b>Address:</b> _____ <b>Telephone (____)</b> _____ <b>Principal:</b> _____
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<b>School Name:</b> _____ <b>Dates attended:</b> _____ <b>Address:</b> _____ <b>Telephone (____)</b> _____ <b>Principal:</b> _____
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<b>School Name:</b> _____ <b>Dates attended:</b> _____ <b>Address:</b> _____ <b>Telephone (____)</b> _____ <b>Principal:</b> _____
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## **Health**

Please check one of the following: It is extremely important that we understand the nature of your child's health in the event of an emergency.

Good

Minor Problems (allergies, injuries) Please Explain: \_\_\_\_\_

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Bad

Major Problems (chronic illness or ongoing treatment) - Please attach a detailed explanation to the application. \_\_\_\_\_

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## **Tutoring/ Counseling Therapy/Personality/Strengths/Weaknesses**

Has your child received, or is he/she receiving special tutoring counseling or therapy?

yes  no If yes, please list the name of the specialist, nature of concern and dates of service: \_\_\_\_\_

Name \_\_\_\_\_ Specialty \_\_\_\_\_

Dates of Service: \_\_\_\_\_

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Nature of Concern

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## **Parent Involvement**

**Marcus Garvey is a community school. Parents are expected to join us in the adventure of education. There are many avenues by which this can be accomplished. If your child is accepted to the school, in what kind of way would you be interested in participating?**

### **A. During the School Day**

**Assist the teachers in the classroom.**

**Share hobbies, interests, collections, or performing arts skills in the classroom.**

**Please specify other \_\_\_\_\_**

### **B. Beyond the School Day**

**Supply Materials (i.e. furniture, films, paint, equipment, classroom incentive prizes)**

**Services ( grounds keeping, painting, carpentry, gardening, decorating, hosting events)**

**Fundraising (working with or forming committees, sending and posting flyers, e-mailing**

**Other: Please Explain.**

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**MARCUS GARVEY SCHOOL'S**  
PARENT/GUARDIAN CONSENT FOR  
EMERGENCY MEDICAL OR SURGICAL CARE

I hereby give my consent for Marcus Garvey School to obtain the proper medical care in case of an emergency. The school will make every attempt to notify me or my husband/wife before such action is taken. I agree to accept the expense of such service.

Parent Signature: \_\_\_\_\_ / Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ / Date: \_\_\_\_\_

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Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Telephone #: Home (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

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

**Additional contact information for other relatives or friends:**

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

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

Cell: \_\_\_\_\_

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

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

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

Cell: \_\_\_\_\_

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

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## AUTHORIZATION FORM FOR RELEASE OF STUDENT(S)

I, \_\_\_\_\_, parent or guardian of  
\_\_\_\_\_, authorize the following people to pick up my  
child/children from school on my behalf or in the event of an emergency. I understand that the  
authorized people must be 18 years of age or older. If in any instance the person picking up my  
child is under age, I understand that my child will not be released from the Marcus Garvey School.

Name: _____	
Address: _____	
Relationship to Child or Parent: _____	
Home Phone: _____	Cell: _____
Business Phone: _____	Email: _____

Name: _____	
Address: _____	
Relationship to Child or Parent: _____	
Home Phone: _____	Cell: _____
Business Phone: _____	Email: _____

Name: _____	
Address: _____	
Relationship to Child or Parent: _____	
Home Phone: _____	Cell: _____
Business Phone: _____	Email: _____

**Parent's Signature:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

# RELEASE

I irrevocably consent to and authorize the use, publication and reproduction at any time by any media at Marcus Garvey School, or anyone it authorizes, of all photographs taken of me or my child or both me and my child, as the case may be, with or without names, for editorial purpose, promotion, advertising, trade, the Marcus Garvey School website, other purpose.

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**Parent's Signature: #1** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Parent's Signature: #2** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

How did you learn about Marcus Garvey? (Please be specific)

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Parent's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Dear Parent(s),

Thank you for choosing the Marcus Garvey School as a vehicle for your child's continued advancement into a world outside of the family unit you have carefully nurtured. Your child will feel very safe and welcomed in our environment. With prior notice, you are encouraged to observe the activities of your child's day on any given day of the week. We look forward to you becoming an involved parent in that a strong connection between home and school is the ideal ingredient for your child's success. All information revealed will be held confidentially as a purpose for admissions only.

Peacefully Yours,

Linda Saunders  
Executive Director  
Marcus Garvey School

**MARCUS GARVEY SCHOOL**

**Hours of Operation: 6:30 am - 6:00 pm**

**5760 6<sup>th</sup> Avenue • Los Angeles, California 90043 • (323) 294-1020 • (323) 291-9790  
• (323) 541-5384**

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**Fax - (323) 291-8947 E-mail ([Marcusgarvey@sbcglobal.net](mailto:Marcusgarvey@sbcglobal.net))  
Website -[Marcus Garvey School.org](http://MarcusGarveySchool.org).**