

Parents,

All attached
registration forms
need to be
completed and
returned.

Thank you.

Early Education & Elementary Campus
1110 LaSalle St., Ottawa, IL
815/433-1199

MARQUETTE ACADEMY

High School Campus
1000 Paul St., Ottawa, IL
815/433-0125

Student Information:

1. Child's Name: _____

Last First Middle
Social Security No: (HSOnly): _____ Birth Date: _____

Race or Ethnicity: (Am Indian/Alaskan Native) (Hispanic)
(Asian) (White/Non-Hisp) (African-Am/Non-Hisp)
Other _____ Male: / Female: Grade entering: _____

2. Child's Name: _____

Last First Middle
Social Security No: (HSOnly): _____ Birth Date: _____

Race or Ethnicity: (Am Indian/Alaskan Native) (Hispanic)
(Asian) (White/Non-Hisp) (African-Am/Non-Hisp)
Other _____ Male: / Female: Grade entering: _____

3. Child's Name: _____

Last First Middle
Social Security No: (HSOnly): _____ Birth Date: _____

Race or Ethnicity: (Am Indian/Alaskan Native) (Hispanic)
(Asian) (White/Non-Hisp) (African-Am/Non-Hisp)
Other _____ Male: / Female: Grade entering: _____

4. Child's Name: _____

Last First Middle
Social Security No: (HSOnly): _____ Birth Date: _____

Race or Ethnicity: (Am Indian/Alaskan Native) (Hispanic)
(Asian) (White/Non-Hisp) (African-Am/Non-Hisp)
Other _____ Male: / Female: Grade entering: _____

Parent Information:

Lives with (Circle One): Mother Father Both

Primary Guardian:

Address: _____ City/Zip: _____

Employment: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-Mail: _____

Secondary Guardian:

Address: _____ City/Zip: _____

Employment: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-Mail: _____

Parish or Church You Attend: _____

School District in which you reside: _____

School transferring in from: _____



MEDICAL INFORMATION ONE PER STUDENT

STUDENT/MINOR NAME (first, middle, last): _____

Address: _____ Date of Birth: _____

STUDENT/MINOR'S DOCTOR (first, middle, last): _____ Phone: _____

MEDICAL CONDITIONS: Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.):

List any allergies or allergic reactions to medications of the student minor: _____

List any medications the student/minor is presently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

MEDICAL INSURANCE INFORMATION: Insurance Company: _____

Plan Number: _____ Employee Identification#: _____

EMERGENCY CONTACTS: Parent or Guardian (first, middle, last name): _____

Cell: _____ Work: _____ Home: _____

Other Contact: Name (first, middle, last): _____

Phone (with area code): _____ Relationship to student/minor: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the school/parish. A copy may be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____, [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the school/parish will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian: _____ Date: _____

Marquette Academy
PERMISSION FORM FOR SCHOOL WALKING TRIPS

I am the custodial and responsible parent/guardian of _____
Name of Student(s)

I request that Marquette Academy allow my school aged child(ren) to participate in walks to various locations around the Marquette Academy Preschool/Elementary/High School campuses neighborhoods. The Marquette Academy teachers and students will take walks to learn about what is currently being studied in class, such as the signs of changes in the seasons and traffic signs.

I request that Marquette Academy allow my preschool, elementary and/or high school aged child(ren) to participate in walks between the Marquette Academy campuses for Masses, plays, retreats, etc. I also request that M.A. allow my student to participate in walks to WCMY Radio Station, 216 Lafayette Street and to area parks.

The activity will be supervised by at least one school employee.

If my child is injured in any way during this trip and if I cannot be immediately contacted at the following phone number _____, I grant full power to the supervising school employee to do as follows:

1. Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and
2. Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

I understand the risks such trips present to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning these trips have been answered.

In consideration for my child being allowed to make any walking trip, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Diocese, the parish, the school and their employees and agents, and the volunteers assisting the school, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorney's fees) arising from or related to my child's participation in an activity.

Signature of Parent/Guardian

Signature of Parent/Guardian

Printed name of Parent/Guardian

Printed name of Parent/Guardian

Date

Date

Student(s) Name(s): _____

HANDBOOK AGREEMENT

We have read and understand the contents of the parent/student handbook and agree to abide by the rules and expectations stated therein.

Student(s) Signature Date

Parent(s)/Guardian(s) Signature Date

PARENT PERMISSION FORM FOR INTERNET ACCESS

Marquette Academy believes that the benefit to students from access to the Internet in the form of information resources and opportunities for collaboration far exceed the disadvantages of access. Should a parent prefer that a student not have Internet access, use of the computers is still possible for more traditional purposes such as word processing.

Terms and Conditions of Internet Agreement

I have read the Marquette Academy Internet policy that is found in the handbook and will review this policy with my child(ren).

I understand that the school does not have control of the Internet content, and I realize that students may be accidentally exposed to material that is controversial or offensive while partaking in an educational lesson.

I release Marquette Academy from any liability or damages that may result from my child's inappropriate or unauthorized use of the Internet.

I release Marquette Academy from any liability related to consequences resulting from my child's unauthorized use of the Internet.

Having carefully read the school's Internet policy, I give permission for my child(ren) to have Internet access at the school. I will support the school's Acceptable Use Policy and reinforce it with my child(ren).

Parent(s)/Guardian(s) Signature Date

PUBLICITY FORM

On occasion, Marquette Academy takes photographs or makes an audio or video tape recording of children and/or adults involved in school/parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our school/parish. In addition, local news organizations may hear of our activities or events, and our school/parish may invite or allow them to photograph or record our events to be used, distributed, or displayed as agents of the school/parish see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

Parent(s)/Guardian(s) Signature Date

SERVICE PROJECT (GRADE 8)

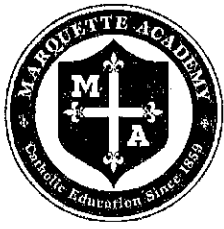
I hereby agree that my child _____ may help in the school cafeteria during lunch hour when needed.

Parent(s)/Guardian(s) Signature Date

Parents,

All attached
information is
yours to read and
keep.

Thank you.



Marquette Academy

Academic Excellence in a Catholic Community

May 9, 2022

Dear Parents,

We are beginning to prepare for the next school year at Marquette Academy. Enclosed in this packet you will find your registration information and all pertinent documents you will need.

We are offering an early registration discount of \$100.00 to families from now until 7 pm on June 30. We have several opportunities to drop off your completed packets and benefit from the early registration discount. The schedule of dates, etc. is listed below.

Let us know if you have any questions when you review your packet. **Once you complete your packet, you can send it in your student's backpack or return it to the grade school office any time before school is done. Please be sure to include the minimum \$400.00 registration fee.**

Below are the drop off dates/times for registration:

ALL COMPLETED PACKET DROP OFFS ARE AT THE GRADE SCHOOL CAMPUS:

Tuesdays/Thursdays during summer between the hours of 8 am - 4 pm. at the **Grade School office**

Thursday, 6/2 from 5 - 7 pm grade school office

Thursday, 6/30 from 5 -7 pm grade school office

In order to receive the **\$100 early bird registration discount**--you must have all paperwork and registration fees (minimum \$400.00) turned in by **Thursday, 6/30**.

Final registration drop off is Wednesday, 7/20 from 5 - 7 pm at the grade school office

Any registration received after 7/20 will include a \$250.00 late fee.

Thank you very much for your patience and cooperation. If you do not need this information, please pass it on to someone who might or return it to us.

Respectfully yours,

Brooke Rick
Principal
Marquette Academy

****VERY IMPORTANT: PLEASE READ AND UNDERSTAND BEFORE REGISTRATION****

To All Marquette Academy Families,

In order to prepare for the following school year we ask that every family please pay *a minimum of \$400 at registration. ****If your fees*** (excluding cafeteria and M.A. bus) ***exceed this amount, we ask that you please pay enough to cover those fees*** (see sample below).

Fees are as follows:

Winner-a-week-Raffle (\$100/family)

Driver's Ed. (\$400)

Technology Fee K-12 (\$75.00)

H.S. Retreats (\$125 ea. 9th - 12th grade)

H.S. Graduation (\$30 ea. Seniors)

Activities/Drug Testing Fee (\$75 9th - 12th)

Chromebooks (\$280 + Insurance \$115) 5th – 8th Grade Optional / Required for Freshman

H.S. Yearbook (\$60-Grades 9-12)

Field Bus Fee (\$20 per student for fieldtrips, sporting events, etc.)

G.S. Book Fees (\$250/student)

Kindergarten Milk (\$175/K. student)

G.S. Parents Club (\$15/family)

G.S. Booster Club (\$10/family 3rd - 8th gr.)

H.S. Fine Arts Parents Club (\$15, \$100, \$500; available to all but not required)

H.S. Sports Program AD (\$15/family)

****Samples: fees for 2 elementary students'**

\$100.....raffle

\$150.....Tech fee

\$ 40.....bus fee/2 students

\$500...book fees

\$ 15.....Parents Club

\$ 10.....Booster Club/3rd thru 8th grade

\$815.....Total fees due at registration

fees for 1 senior

\$100.....raffle

\$75...Tech fee

\$125.....Retreat

\$ 30.....Graduation

\$ 60.....HS Yearbook

\$ 20.....Field bus fee

\$75. Activities/Drug Fee

\$485.....Total fees due at registration

*****Even if fees do not reach \$400 we ask that all families pay a minimum of \$400. Any payment that goes beyond fees will be deducted from your tuition.**

(M.A. Bus fee - \$550/person, \$1350 for 3 or more, and cafeteria fee - \$500/person is not on this list because payments for these are not required at the time of registration.)

******Anyone owing Arrears from previous year must pay before
or at Registration*******



MARQUETTE ACADEMY

Academic Excellence in a Catholic Community

Welcome to Marquette Academy. Mary Roberson keeps track of tuition, aftercare and service hours from financial aid. **ALL PAYMENTS ARE REQUIRED TO BE ACH PAYMENTS THROUGH FACTS ONLY. THE INVOICE OPTION IS NO LONGER AVAILABLE.** If you want to pay by online, by credit card, in full, or have Facts take it out of your account (ACH) monthly or bi-monthly you can do that on the **FACTS Management Website**. We've listed below how to sign up on Facts but if you have any questions please let us know. Both Mary Roberson and Lisa Tenut can help you. They both work at the High School campus and work with all Marquette families. Once we see that you have signed up on the Facts web site your name will be in a pending file and we will finalize it. You can then start paying. Your monthly payments will not start until August or later if coming to Marquette at a later date. **But please sign up on this site as soon as possible.**

*****Starting 22-23 School Year--If you are an existing MA family and have the "invoice" option on FACTS from previous years, you have to go in to FACTS and update what other payment option you want since invoice is no longer an option.*****

TO SIGN ON TO THE FACTS MANAGEMENT WEBSITE:

Go to our Marquette Academy website www.marquetteacademy.net at the top of the page is **ADMISSIONS** click on that and a drop down box will appear. The 7th item under **Admissions** is **FACTS**, click that, on the right side of the page it says **HAVE ACCOUNT** or below that is **NEW ACCOUNT** click on new account if you have not signed up on Facts before. Click on **CREATE USERNAME AND PASSWORD** for a new account, enter your email address and press enter: 0

Welcome! Thank you for using FACTS.

Please take a few moments to create a user account.

It is highlighted in green **Create a new FACTS account** click on that and enter your email, then name, address, phone number then it will guide you through the process.

Here is the **FACTS phone number for Customer Service in case you need help: [1/866-412-4637](tel:18664124637)** you can talk to any Customer Service person.

After you have finished setting up your account, we will see your name in **pending we will finalize it** and then we will enter your balance. After that you should see your account by the next day. **Keep track of your Customer number or ID number for future reference.**

Let Mary Roberson – mroberson@marquetteacademy.net or Lisa Tenut – ltenut@marquetteacademy.net know if you have any questions or need help with signing on.

(If you already have a FACTS account every year it will roll over to the new year so you will have the same ID and Customer number. At the beginning of the year your account will be in pending and after we enter your amounts you will be able to see it. Just make sure to check your (checking/savings/credit card) account # to see if that's the one you want to use again. You can change that at any time on FACTS.

Parents,

All attached
medical exams
need to be
completed and
returned at the start
of school.

Thank you.

Dear Parents,

Below are the State medical requirements for the upcoming school year. Please let us know if you have any questions. The appropriate forms for your students are included in the packets and online. All of these forms are **DUE AT THE START OF SCHOOL** with the exception of the dental exam. That can be completed at their first scheduled dental appointment during the school year but has to be turned in by April.

Preschool:

Complete doctor physical with updated immunizations for the first time in preschool.

Kindergarten:

Complete doctor physical with updated immunizations

Complete eye exam

Complete dental examination

Grade 2:

Complete dental examination

Grade 6:

Complete doctor physical with updated immunizations

**IESA sports preparticipation physical evaluation (if playing sports)

Complete dental exam

Grade 5-12:

**Complete IESA/IHSA preparticipation physical evaluation (if playing sports).

Concussion Information Acknowledgement and Consent Form (only parent signature required-if playing sports) IESA form is required for grades 5-8. IHSA form is required for grades 9-12.

Grade 9:

Complete doctor physical with updated immunizations

Complete dental examination

**IHSA sports preparticipation physical evaluation (if playing sports)

Concussion Information Acknowledgement and Consent Form (only parent signature required-if playing sports). IHSA form is required for grades 9-12.

****The IESA/IHSA preparticipation form is new from the State of Illinois. This form needs to be completed and signed by both parents and the physician completing the physical.**

New Student entering from outside Illinois:

Complete doctor physical with updated immunizations

Complete dental examination

Complete eye exam

IESA/IHSA sports preparticipation physical evaluation (if playing sports in grades 5-12)

Concussion Information Acknowledgement and Consent Form (only parent signature required). IESA form is required for grades 5-8 and IHSA form is required for grades 9-12.



PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print):

Student's Name: Last		First	Middle	Birth Date: (Month/Day/Year)
Address: Street		City		ZIP Code
Name of School:		ZIP Code	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian: Last Name		First Name		
Student's Race/Ethnicity:				
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	
<input type="checkbox"/> Native American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other _____				

To be completed by dentist:

Date of Most Recent Examination: _____ (Check all services provided at this examination date)
 Dental Cleaning Sealant Fluoride treatment Restoration of teeth due to caries

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present on Permanent Molars**
- Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes No **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). For Head Start Agencies, please also list appointment date or date of most recent treatment completion date.

- Restorative Care** — amalgams, composites, crowns, etc. Appointment Date: _____
- Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date: _____
- Pediatric Dentist Referral Recommended** Treatment Completion Date: _____

Additional comments: _____

Signature of Dentist _____ License #: _____ Date: _____

