

Early Education & Elementary Campus
1110 LaSalle Street
815/433-1199

MARQUETTE ACADEMY

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

Student Information:

Parent Information:

1. Child's Name:

Last _____ First _____ Middle _____
Birth Date: _____ Male: _____ Female: _____

Lives with (Circle One): Mother Father Both

Primary Guardian:

Grade Entering: _____
Race or Ethnicity: (Am Indian/Alaskan Native) (Hispanic) (Asian)
(White/ Non-Hispanic) (African-Am/Non-Hisp) (Other _____)
Child's Social Security Number (HS Only): _____

Address: _____

City: _____ Zip: _____

Employment: _____

Occupation: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

3. Child's Name:

Last _____ First _____ Middle _____
Birth Date: _____ Male: _____ Female: _____

Secondary Guardian:

Address: _____

City: _____ Zip: _____

Employment: _____

Occupation: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

Grade Entering:

Race or Ethnicity: (Am Indian/Alaskan Native) (Hispanic) (Asian)
(White/ Non-Hispanic) (African-Am/Non-Hisp) (Other _____)
Child's Social Security Number (HS Only): _____

School District in which you reside: _____

School transferring in from: _____

Parish or Church you attend: _____

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 Early Education campus neighborhood. 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 _____

Need 1 Per Student



MEDICAL INFORMATION



CATHOLIC DIOCESE OF PEORIA, IL

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 will 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: _____



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
				/ /
Address:	Street	City	ZIP Code	Telephone:
Name of School:			Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:			Address (of parent/guardian):	

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**
- 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 **Soft Tissue Pathology**
- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** — amalgams, composites, crowns, etc.
- Preventive Care** — sealants, fluoride treatment, prophylaxis
- Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street City ZIP Code

Telephone _____





MARQUETTE ACADEMY - 2020/2021 SPECIAL EVENTS

PARENT VOLUNTEER FORM

The purpose of our Special Fundraising Events is to raise money to help offset the cost of tuition for every student who attends Marquette Academy. We need your help to be successful. Contact Julie Verona, Advancement Director, at 815-433-0125 Ext 1017 or jverona@marquetteacademy.net with any questions. Hours worked can also be applied toward financial aid hours.

We ask every family to find **THREE** ways to help. Whether it's attending the events, a donation or volunteering, your participation is necessary. If you need more information on job duties please email jverona@marquetteacademy.net. Simply fill out this form and return to MA in your registration packets, attn: Special Events, or email jverona@marquetteacademy.net. We look forward to working with you!

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PARENT INFORMATION

Mother's Name _____ Email _____ Phone _____

Father's Name _____ Email _____ Phone _____

Child's name and grade level _____

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SPECIAL EVENTS THAT YOU WON'T WANT TO MISS

Alumni & Family Weekend

_____ Purchase a Raffle Ticket _____ Help Sell Raffle Tickets _____ Purchase a tailgate ticket at \$25

I am willing to volunteer and help with one of the following time slots:

_____ Setup 1-3pm

_____ Food Server 3:30-6:30pm

_____ Runner/Garbage Duty 4-7pm

_____ Cleanup 7-8pm

I am willing to donate the following item(s):

_____ Yes, I can donate 2 cases of Beer

_____ Yes, I can donate 4 cases of Water

_____ Yes, I can donate 2 cases of Soda

_____ Yes, I can donate paper products

Merry Everything Food Tasting and Christmas Bazaar

_____ Help sell Raffle Tickets

_____ Buy Raffle Tickets

_____ Yes, I can donate Baked Goods

_____ Yes, I can donate 2 cases of Beer

_____ Yes, I can donate 4 cases of Water

_____ Yes, I can donate Wine

I am willing to volunteer and help with one of the following time slots:

_____ Setup 3-8pm (date to be determined)

_____ Work the Baked Goods Table 4-6pm, or 6-8pm

_____ Garbage Duty 4-7pm, or 7-10pm

_____ Food Servers 4:30-8pm

_____ Cleanup 8-10pm (need many)

May Merriment

Be a part of the biggest fundraiser of the year. The money that we raise directly benefits our students and the school! It takes many volunteers and supporters to make this event possible. We hope you will be a part of it!

_____ Purchase a Big Cash Raffle Ticket for \$100

_____ Purchase a Tuition Raffle Ticket for \$100

_____ Help sell Raffle Tickets

Acquisitions

_____ Yes, I have airline miles, hotel stays or a condo that can be sold at the Auction

_____ Yes, I have tickets to concerts or sporting events that can be sold at the Auction

_____ Yes, I have unique one of a kind opportunity that can be sold at the Auction

_____ Yes, I would like to organize a trip to be featured in the Live Auction

Table Captain

_____ Yes, I can be a table Captain to fill a table of 8 guests

Auction Catalog

_____ Description writer

_____ Proofreader

Auction Invitations

_____ Help with stuffing envelopes and mailing invitations

Decorations

_____ Help with decorations for MMM39

Auction Setup

Help set up the gym the last week of April:

_____ Thursday, April 28, 1-7pm, Set up gym, tables and décor

_____ Friday April 30, 9am – 5pm, Set up gym, tables and décor

Donate/Sponsorship

_____ Please contact me, I will donate and item service or gift for the Silent Auction

_____ Please contact me, I would like to become a sponsor for MMM39

_____ Please contact me, I would like to be an underwriter for MMM39

_____ Please contact me, I know a business that would sponsor and/or donate

Auction Night Volunteers – Saturday, May 1, 2021

_____ Supervise student food servers/waitresses 4:30 – 9:30pm

_____ Be a Silent Booth Worker – 4:45 -10pm

_____ Supervise the student presenters 7-10pm

_____ Supervise the student audio/video Team 7-10pm

_____ Supervise Dishwashers and Cleanup Crew 7-10:30pm

_____ Check In and Check Out Representative 4:30-10pm (need 4)

_____ Raffle Tables – 4:45-10pm (need 4-6)

_____ Take Pictures