



# Marquette Academy

*Academic Excellence in a Catholic Community*

May 15, 2023

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 15. 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. You will receive additional financial information via email from Mary Roberson.**

**Below are the drop off dates/times for registration:**

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

Wednesday, 5/31 from 5-7 pm grade school office

Starting 6/6 every Tuesday/Thursday during summer between the hours of 8 am - 4 pm. at the **Grade School office**

Thursday, 6/15 from 5 - 7 pm grade school office—**last day for the \$100 early discount**

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, 6/15**.

Wednesday, 7/19 from 5 - 7 pm at the grade school office-- **Final registration drop off**

**Any registration received after 7/19 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,

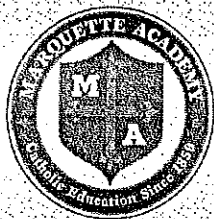
Brooke Rick  
Principal  
Marquette Academy

Parents,

All attached financial sheets  
need to be signed and  
returned with your packet.

Any changes to your  
financial sheet (early  
discount, scholarships, etc.)  
will be added later and sent  
to you via email by Mary  
Roberson.

Thank you.



# MARQUETTE ACADEMY

*Academic Excellence in a Catholic Community*

RE: New for the 23 24 School Year

Marquette Academy Blue/Gold Hours

Brooke Rick  
*Principal*

Fr. Austin Bosse  
*Chaplain*

Todd Glade  
*Dean of Students*

Lisa Tenut  
*Business Manager*

Dear MA families,

For the upcoming school year we are implementing a new program called Blue/Gold hours. Each MA family will be required to work a minimum 5 hours of service to the school. These hours will be mandatory for each MA family. Please note—Financial Aid hours are over and above the required 5 Blue/Gold hours. The first 5 hours completed by each family will be logged as your Blue/Gold hours.

Some examples would be (but not limited to) help at May Merriment for set up, clean up or working the event; working the annual pork chop dinner, working the annual fish dinner, helping with cleaning at the school, etc.

We will send out emails from the offices when there is a need for help and then we can log hours as they are worked. You can work 1 hour for an event or do 5 hours for one event, whatever is easiest for you and your family.

Please let us know if you have any questions.

Thank you in advance for your cooperation in this matter.

Sincerely,  
Mrs. Brooke Rick

Parent Signature: \_\_\_\_\_  
(By signing above you are confirming that you are aware of the new mandatory program)

Please print family name: \_\_\_\_\_

Preschool & Elementary Campus  
1110 LaSalle St., Ottawa, IL 61350  
815.433.1199



High School Campus  
1000 Paul St., Ottawa, IL 61350  
815.433.0125

[www.marquetteacademy.net](http://www.marquetteacademy.net)

*Traditions are embraced. Dedication is the norm. Excellence is the expectation.*

Parents,

This is for your records

Please use the attached sheet to set up your FACTS payment plan for tuition. If you already have an account, your information will follow from year to year.

Thank you.



# MARQUETTE ACADEMY

*Academic Excellence in a Catholic Community*

Welcome to Marquette Academy. ALL PAYMENTS ARE REQUIRED TO BE ACH PAYMENTS THROUGH FACTS ONLY. THE INVOICE OPTION IS NO LONGER AVAILABLE.

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 2023-24 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](http://www.marquetteacademy.net) at the top of the page is ADMISSIONS click on that and a drop down box will appear. The 7<sup>th</sup> 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: 1/866-441-4637 you can talk to any Customer Service person. FACTS Management Website at: <https://online.factsmgt.com>.

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](mailto:mroberson@marquetteacademy.net) or Lisa Tenut – [ltenu@marquetteacademy.net](mailto:ltenu@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  
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