

# Marquette Academy

*Academic Excellence in a Catholic Community*

May 20, 2024

Dear Parents,

We are preparing for 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 7:00 pm on Thursday, June 20. We have several opportunities to drop off your completed packets and benefit from the early registration discount. The schedule of dates and times is listed below. **If you complete your packet before this school year is over, you can send it in your student's backpack or return it to the grade school office any time. Please be sure to include the minimum \$400 registration fee. You will receive additional financial information via email from Mary Roberson.**

The FACTS website is now open through August 1<sup>st</sup> to apply for Grant & Aid. Please note if your family situation is divorced or separated, each parent must sign up for FACTS using ½ of the tuition rate.

Any financial appeals will be forwarded to the review committee on July 19. If we receive requests after this date the funds may be already allocated, resulting in no aid.

Thank you very much for your patience and cooperation.

Respectfully yours,

Brooke Rick  
Principal

**Drop off dates/times for registration:**

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

- Starting June 4, every Tuesday & Thursday between the hours of 8:00 am – 4:00 pm at the **Grade School office**
- Thursday, June 20 from 4:00-7:00 pm; drive through at the grade school parking lot (enter off Washington St. headed north) —**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) turned in by **7:00 pm on Thursday, June 20.**
- Friday, July 19 from 4:00 – 7:00 pm; drive through at the grade school parking lot (enter off Washington St. headed north). **This will be our final registration drop off.**

**\*Any registration received after July 19 will include a \$250 late fee. All accounts must be current to register for the upcoming school year.**

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

Mrs. Mary Roberson.

Thank you.



# MARQUETTE ACADEMY

*Academic Excellence in a Catholic Community*

RE: 24 25 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,

This letter is the agreement for our Blue/Gold hour's program. Each MA family is 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 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)

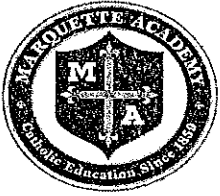
*Traditions are embraced. Dedication is the norm. Excellence is the expectation.*

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 MANAGEMENT ONLY.**

We've listed below how to sign up on Facts but if you have any questions please let us know. Both Mary Roberson [mroberson@marquetteacademy.net](mailto:mroberson@marquetteacademy.net) and Lisa Tenut [ltanut@marquetteacademy.net](mailto:ltanut@marquetteacademy.net) 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 on the dates you choose. 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 and choose a payment plan as soon as possible.**

**\*\*\*Starting 2024-25 School Year--If you are an existing MA family you should just roll over to the new year with the same payment plan. Therefore if you want to change the account they are taking out of, you will need to update your account numbers.**

## **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 and the Facts app pops up. On the right side of the page it says **CREATE USERNAME AND PASSWORD** for a **new** account, enter your email address and press enter Create a new **FACTS** account pops up hit that and then you can begin entering your information.

Here is the **FACTS** phone number for Customer Service in case you need help: [1/866-441-4637](tel:18664414637) 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 – [ltanut@marquetteacademy.net](mailto:ltanut@marquetteacademy.net) know if you have any questions or need help with signing on.

Everyone has to be on Facts Management for our accounting purposes but if you need help with adjusting payment dates or creating a new schedule or maybe just adjusting the date that month we can help you with that. Also, if you want to give us the payment we can enter it for you.

If you don't have access to a computer or having trouble with entering on your phone we can also help you.



## Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement go to <https://online.factsmgt.com/slogin/3FXBJ>

### FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

### Frequently Asked Questions

- **Is my information secure?**  
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://factsmgt.com/Security-Compliance).
- **When will my payments be due?**  
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**  
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**  
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**  
Changes to your address, phone number, email address, or banking information can be made at [Online.FACTSmgt.com](https://Online.FACTSmgt.com) or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**  
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

### FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at [Online.FACTSmgt.com](https://Online.FACTSmgt.com). Customer Care Representatives are also available to assist you 24/7.**

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: \_\_\_\_\_

Social Security No: (HSONly): \_\_\_\_\_

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

Social Security No: (HSONly): \_\_\_\_\_

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

Social Security No: (HSONly): \_\_\_\_\_

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

Social Security No: (HSONly): \_\_\_\_\_

**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  
Edition 2022

\_\_\_\_\_  
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