



## OUR SAVIOUR SCHOOL

455 EAST STATE STREET  
 JACKSONVILLE, IL 62650  
 (217) 243-8621 Fax (217) 245-9981  
 oursaviourshamrocks.com

MRS. STEVIE VANDEVELDE, PRINCIPAL

February 23, 2024

Dear Parents,

This year, we initiated our school-wide house system with our theme of "Four Houses, One Family". We have had a lot of fun with our houses: wearing our house shirts weekly, having friendly competitions while raising funds to support community efforts, various house activities to learn social skills, etc. As we begin our 4<sup>th</sup> quarter soon, we look forward to finishing the year strong, while looking forward to summer, and then a new school year with new excitement!

We continue to work hard to maintain our high standards of excellence, while keeping tuition as affordable as possible. The cost to educate each student for the 2024-2025 school year is projected to be \$6,388. Over half of this going directly to teacher salaries, which are an important and vital part of Our Saviour School. Through the generosity of its parishioners, Our Saviour Parish subsidizes a portion of the cost to educate each and every student, regardless of their faith background. Student tuition therefore only covers a portion of the actual cost of education. The rates are listed on the enclosed schedule.

It is therefore with great anticipation that we begin open registration for the 2024-2025 school year! Planning is already underway for next year, and early registration is important to accurately project our needs for teachers and materials. Early registration will be available from Wednesday, February 28<sup>th</sup> through Wednesday, March 20<sup>th</sup>. Beginning Wednesday, February 28<sup>th</sup>, please access the registration system by going to our website: [www.oursaviourshamrocks.com](http://www.oursaviourshamrocks.com) and clicking on the 'Register Now' button. Also, for NEW Pre-K - 8th grade students, the following forms (included in this packet), must be completed by March 20<sup>th</sup>:

- Verification of School Information
- Home Language Survey
- Transfer of Records Request (1st-8th grade only)
- Allergy List
- Catholic Faith Form (blue form)

Please note: We are offering a **tuition discount of \$200.00 per student (for the first and second students)** to all families who register by the March 20<sup>th</sup> deadline. There will be no exception to this tuition discount deadline; please complete the online registration process by the March 20<sup>th</sup> deadline to take advantage of this discount.

**For parents who do not have internet access**, please call our Accounting Office at 217-245-6184. We will set up an appointment for you to come in and utilize our secure system to register your students.

**Pre-K Only:** For our Pre-K program for the 2024-25 school year, our students will be assigned a classroom teacher based on their birthdate (since we have 3 Pre-K rooms). In the event of a wait list for our Pre-K program, the following selection criteria will made during the early registration period:

1. Current OSS Pre-K – 8<sup>th</sup> grade families AND current faculty/staff families (school and parish) AND Church of Our Saviour Parishioner practicing families in FACTS registration date/time stamp order
2. All other Catholic church practicing families in FACTS registration date/time stamp order
3. All other students in FACTS registration date/time stamp order

After the early registration period, Pre-K families will be notified of admission. Selection criteria for Pre-K after the early registration period will be based on complete registration in FACTS in date/time stamp order.

Please find enclosed the 2024-25 Tuition & Fee schedule, along with details on payment options for the new school year. While tuition is an annual commitment, we offer flexible tuition payment plans of monthly, semi-annual and annual. If you have any questions regarding our online registration system, please call our Accounting Office at 245-7706. Thank you.

Sincerely,



Stevie VanDeVelde, Principal

# OUR SAVIOUR SCHOOL K-8

## 2024-2025 TUITION & FEES

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### 1.) TUITION: *(for students registered by March 20<sup>th</sup>, 2024)*

**Catholic** (K-8<sup>th</sup> grade):        \$4,400 each student (first 2 students per family)

**Other Faiths** (K-8<sup>th</sup> grade):    \$5,400 each student (first 2 students per family)

### *(for students registered after March 20<sup>th</sup>, 2024)*

**Catholic** (K-8<sup>th</sup> grade):        \$4,600 each student (first 2 students per family)

**Other Faiths** (K-8<sup>th</sup> grade):    \$5,600 each student (first 2 students per family)

Families with more than 2 children in **Pre-K – 8<sup>th</sup>** will only pay **\$2,000** for the 3<sup>rd</sup> student and **\$1,300** for the 4<sup>th</sup>, 5<sup>th</sup>, etc.

### 2.) FEES:

The following fees are non-refundable:

\*Textbook Fee:                    **this \$400 fee is included in the tuition charges listed above**

\*Technology Fee:                **K – 4<sup>th</sup> grades \$40 fee in addition to the tuition charges**  
**5<sup>th</sup> – 8<sup>th</sup> grades \$80 fee in addition to the tuition charges**

\*Cleaning/Supply Fee:        **\$30 fee in addition to the tuition charges**

\* F.A.C.T.S. Fee:                **\$50.00 - MONTHLY payment plan** (One time fee)  
**\$15.00 - SEMI-ANNUAL payment plan** (One time fee)  
**\$5.00 - ANNUAL payment plan** (One time fee)

**\*\*Projected cost to educate an Our Saviour student for 2024-25 school year is \$6,388\*\***

### To register your student(s) for the 2024-25 School Year:

1) Go to [www.oursaviourshamrocks.com](http://www.oursaviourshamrocks.com) *anytime February 28<sup>th</sup> through March 20<sup>th</sup>.*

2) Click on the 'Register Now' button.

*\*Current OSS families: use your login and password from prior year*

\*Please Note: All families need to complete this process to register their students for 2024-2025. The online registration process you completed last spring was for the 2023-2024 school year only.

3) If you do not have internet access, please call our Accounting Office at 217-245-7706. We will set up an appointment for you to come in and utilize our secure system to register your students.

# OUR SAVIOUR PRE-K 2024-2025 TUITION & FEES

## 1.) TUITION: *(for students registered by March 20<sup>th</sup>, 2024)*

3 Year Old (Full Day – M/T/W/R/F):	\$4,400 each student
4 Year Old (Full Day – M/T/W/R/F):	\$4,400 each student

### *(for students registered after March 20<sup>th</sup>, 2024)*

3 Year Old (Full Day – M/T/W/R/F):	\$4,600 each student
4 Year Old (Full Day – M/T/W/R/F):	\$4,600 each student

Families with more than 2 children in Pre-K – 8<sup>th</sup> will only pay \$2,000 for the 3<sup>rd</sup> student and \$1,300 for the 4<sup>th</sup>, 5<sup>th</sup>, etc.

## 2.) FEES:

The following fees are non-refundable:

*Textbook Fee:	<b>this \$400 fee for full day <u>is included in</u> the tuition charges listed above</b>
*Snack Fee:	<b>\$50 fee <u>in addition to</u> the tuition charges</b>
*Technology Fee:	<b>\$40 fee <u>in addition to</u> the tuition charges</b>
*Cleaning/Supply Fee:	<b>\$30 fee <u>in addition to</u> the tuition charges</b>
* F.A.C.T.S. Fee:	<b>\$50.00 - MONTHLY payment plan (One time fee)</b> <b>\$15.00 - SEMI-ANNUAL payment plan (One time fee)</b> <b>\$5.00 – ANNUAL payment plan (One time fee)</b>

### To register your student(s) for the 2024-25 School Year:

- 1) Go to [www.oursaviourshamrocks.com](http://www.oursaviourshamrocks.com) *anytime February 28<sup>th</sup> through March 20<sup>th</sup>.*
- 2) Click on the 'Register Now' button.  
  
*\*Current OSS families: use your login and password from prior year*  
  
*\*Please Note: All families need to complete this process to register their students for 2024-2025. The online registration process you completed last spring was for the 2023-2024 school year only.*
- 3) If you do not have internet access, please call our Accounting Office at 217-245-7706. We will set up an appointment for you to come in and utilize our secure system to register your students.

**The following policies will be in effect for the 2024-2025 school year:**

- 1.) School policy regarding the refund of tuition/fees if a student is withdrawn from Our Saviour Grade School:
  - A.) Any refund of tuition will be determined by the principal and pastor. While FACTS allows for a semi-annual and monthly withdrawal, the tuition commitment is for a full year.
  - B.) All FACTS fees are non-refundable.
  - C.) The \$400.00 per student Textbook Fee is non-refundable.
  
- 2.) School policy regarding Tuition Contract & Responsible Party:

We, at Our Saviour Grade School, understand that families dealing with divorce or separation may face certain difficulties. All efforts are made to assist these families with the registration process whenever possible. However, with the numerous problems that can arise in divorce cases, the school cannot act as arbitrator to resolve financial arrangements between divorced or separated parents.
  
- 3.) School policy regarding Tuition Assistance:

Pre-K students will not be eligible for tuition assistance.
  
- 4.) School policy regarding Service Hours:

Service hours not completed for the school year recently ended will be paid through FACTS in the month of June. For each hour not fulfilled, we will draft \$10 per hour using the FACTS account.
  
- 5.) School policy regarding Hot Lunch Fees and After School Fees:

Any outstanding hot lunch and after school balances over \$50 at the end of the first semester will be paid through FACTS on or around January 5<sup>th</sup>. At the completion of the school year, any outstanding hot lunch and after school balances over \$10 or where the student is not registered for the next year will be paid through FACTS during the month of June.
  
- 6.) Tuition Commitment:

As you enroll your student in the FACTS system, you are committing to paying the full annual tuition. You may choose the frequency of those payments as monthly, semi-annual or annual. The principal and pastor will determine any refund of tuition, should a unique situation arise, such as job relocation.

**Please Note - for families with students entering Kindergarten in Fall 2024:**

Kindergarten Readiness Screenings will be held Thursday, March 7th. **\*\*Please complete the online registration process for all your students, including kindergarteners, by the March 20<sup>th</sup> deadline.**

Please call the school office at 217-243-8621 to schedule your child's screening. **\*\*Those students currently enrolled in Our Saviour Pre-K will be screened by the Pre-K teacher and will not need to sign up for a screening.\*\***

**The following payment options are available for the 2024-2025 school year:**

**1.) OPTION 1**

- A) All OPTION 1 accounts will be processed through FACTS, via one **annual** automatic withdrawal from a parent's checking or savings account.
- B) The automatic withdrawal will be made by FACTS on **July 5th for the total balance due**.
- C) A \$5.00 processing fee will be assessed by FACTS on all OPTION 1 accounts.

**2.) OPTION 2**

- A) All OPTION 2 accounts will be processed through FACTS, via **semi-annual** automatic withdrawals from a parent's checking or savings account.
- B) One automatic withdrawal will be made by FACTS in **July** (5<sup>th</sup> or 20<sup>th</sup> - parent's choice) **for ½ of the total balance due**, and the second withdrawal will be made in **December**.
- C) A \$15.00 processing fee will be assessed by FACTS on all OPTION 2 accounts.

**3.) OPTION 3**

- A) All OPTION 3 accounts will be processed through FACTS, via **monthly** automatic withdrawals from a parent's checking or savings account.
- B) These monthly automatic withdrawals will be budgeted over **twelve** months, beginning in July 2024 and ending in June 2025. (Payments can be made on the 5<sup>th</sup> or the 20<sup>th</sup> of each month - parent's choice).
- C) A \$50.00 processing fee will be assessed by FACTS on all OPTION 3 accounts.

## **Application for Tuition Assistance:**

**Your registration and Tuition Assistance application are both completed through FACTS.** FACTS Grant & Aid Assessment will be conducting the financial need analysis for Our Saviour Grade School for the upcoming 2024-2025 school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by **March 22, 2024**. Applicants can apply online by clicking the 'Register Now' button at [www.oursaviourshamrocks.com](http://www.oursaviourshamrocks.com). Log into your FACTS account and you will see a link for financial aid. Once an online application has been completed, the following information will need to be uploaded to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your most recent W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation and TANF.

All supporting documentation must be uploaded in pdf format online.

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 866-441-4637. If you don't have internet access, please call the Accounting Office at 217-245-7706. We will set up an appointment with you to complete the online application.

**FACTS Grant & Aid takes up to two weeks to finalize an agreement with all necessary documentation. The application needs to be submitted and finalized by March 22, 2024 to be considered for financial aid.**

## **Important Information Regarding Tuition Assistance:**

- You may start the application process for Tuition Assistance **at the open of registration (February 28, 2024)**. However, your student needs to be registered online with FACTS **by March 22, 2024**. If the student is not registered in FACTS, he/she will not be considered for Tuition Assistance.
- The fee for the online application is **\$40.00**. You will be prompted to pay at the end of the application. If you do not have internet access or need assistance with filling out the application, please call our Accounting Office to set up an appointment to complete it.
- Families with students at Routt & OSS do **not** need to fill out two applications. These families can fill out ONE application for both schools. **\*\*Please include your OSS students on your Routt application.\*\*** Search for OSS & Routt by zip code or city/state.
- Scholarship recipients will be notified via mail by May 31<sup>st</sup>.
- For practicing Catholic members, tuition assistance will be **capped at 60%** of tuition for one child: \$2,640 or \$5,280 total per family. To receive the Catholic maximum, the family must be active, practicing Catholics of the parish. *(Verification of Catholic practicing status will be made by meeting with the Pastor).*
- For other faiths, tuition assistance will be **capped at 40%** of tuition for one child: \$2,160 or \$4,320 total per family.





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oursaviourshamrocks.com

MRS. STEVIE VANDELDE, PRINCIPAL

*All 2024-25 K – 8<sup>th</sup> Grade Students:*

*Attached you will find applications for several scholarships described below. If you are interested in being considered for any of these scholarships, please complete the attached application as well as the financial assistance application (through FACTS) found on our website. The financial assistance application is available on the school website at [oursaviourshamrocks.com](http://oursaviourshamrocks.com) under the “FACTS Management” link beginning Wednesday, February 28<sup>th</sup>. Scholarship forms must be returned to the office by March 22<sup>nd</sup>. The scholarship recipients are determined based on recommendation information from the FACTS tuition assistance system. Please note, recipients of all scholarships may have their name communicated in a public forum, such as a Facebook post, news article, parent letter, etc.*

*Available Scholarships:*

**Ralph Johnson Memorial Scholarship:** *This new \$500 need-based scholarship is given in loving memory of Ralph Johnson to a K-8 Our Saviour School student.*

**Ruth Blette Memorial Scholarship:** *This new \$500 need-based scholarship is given in loving memory of Ruthe Blette to a K-8 Our Saviour School student.*

**“OSS Parent Club – Kelly Peters Memorial Scholarship”:** *This scholarship, established by the Our Saviour School Parent Club is given in loving memory of Kelly Peters, a former student of Our Saviour School. Kelly’s family has strong roots with Our Saviour School with her mother Heather being a Jr High Science teacher at OSS, her sister, Karly a current OSS student, and siblings Jacob and Kirby, alums at OSS. Donnie, Heather and their family are strong supporters of Our Saviour School and our Catholic faith. This \$500 need-based scholarship is given to a K-8<sup>th</sup> grade student.*

**“Father Henry and Sister Henrienne Schmidt Memorial Scholarship”**: This \$250 scholarship is given in memory of Father Henry and Sister Henrienne Schmidt. Father Henry was in the priesthood for 65 years. He loved his time as a priest and sharing his life with his parishes and schools. Sister Henrienne, a Dominican Sister for over 70 years, shared her love as an educator and principal throughout Illinois. This need-based scholarship is given to a K–8th grade student. It is encouraged that the recipient’s family read the published book, “The Pastor’s Sandal Path” by Father Henry Schmidt.

**“Owen Cors Memorial Scholarship”**: This \$500 scholarship is given on behalf of Brad and Sarah Cors, in loving memory of their son, Owen. This need-based scholarship is given to a K–8th grade student.

**“Mary Evelyn Flynn Memorial Scholarships”**: Six \$1,000 scholarships are given on behalf of the children and spouses of Mike and Mary Flynn, in memory of their mother Mary Evelyn Flynn. These need-based scholarships are given to K–8th grade student.

**“Moore Memorial Scholarships”**: Eight \$500 scholarships are given on behalf of Michael Moore in loving memory of his parents, Robert V. and Margaret Shanahan Moore. These need-based scholarships are given to eight students with preference to 6th through 8th grade students, who participated in band or choir this past year and intend to participate in one or both of those programs for the upcoming school year.

**“Vivian Mussatto Memorial Scholarship”**: This \$1,000 scholarship is awarded by the family, friends, and former students of Vivian Marie Mussatto, a retired teacher of 31 years, having taught at Our Saviour School.

**“Brad Schone Memorial Scholarships”**: Eight \$750 scholarships are given on behalf of the Brad Schone family, in loving memory of their husband, father, son and brother. Brad’s sons attended Our Saviour School and later graduated from Rouff Catholic High School. These need-based scholarships are given to K–8th grade students.

**“Father Ken Memorial Scholarships”**: Four \$650 need-based scholarships are given to K through 8th grade students in loving memory of Father Ken.

**“OSS Parent Club Scholarships”**: Four \$250 scholarships are given on behalf of the Our Saviour School Parent Club. These scholarships are given to a K–8th grade student.

We are very thankful to these donors for providing the funds for these scholarships to benefit many Our Saviour School students, allowing them to enjoy our faith-based educational environment.

With Blessings,

Mrs. Stevie VanDeVelde, Principal

Ralph Johnson Memorial Scholarship  
Ruth Blette Memorial Scholarship  
OSS Parent Club - Kelly Peters Memorial Scholarship  
Father Henry & Sister Henrienne Schmidt Memorial Scholarship  
Owen Cors Memorial Scholarship  
Mary Evelyn Flynn Memorial Scholarships  
Moore Memorial Scholarships  
Vivian Mussatto Memorial Scholarship  
Brad Schone Memorial Scholarships  
Father Ken Memorial Scholarships  
OSS Parent Club Scholarships

Student's Name and Grade Next Year: \_\_\_\_\_

Parent(s) and/or Guardian(s) Name and Address:

\_\_\_\_\_

**Please answer the following questions:**

What are the benefits you see in sending your child to Our Saviour School?

\_\_\_\_\_  
\_\_\_\_\_

Why are you applying for this scholarship for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition, for the Moore Scholarships only - please answer: How has band and/or choir influenced your child's educational experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition, please complete and submit the FACTS Tuition Assistance application. This application is available on the school website at [oursaviourshamrocks.com](http://oursaviourshamrocks.com) under the "FACTS Management" link. Please mail this application form to the *Our Saviour School, Attn: Stevie VanDeVelde, 455 E. State Street, Jacksonville, IL* by March 22nd.



Dear Parent(s) and/or guardian(s):

Welcome to the After School Program at Our Saviour School! Enclosed is information regarding the After School Program. Please make sure you read over the information and let us know if you have any questions or concerns.

The After School Program is a non-profit program that requires payment for services as they occur so that supplies can be purchased and made available to our participants. You may pay the following ways: by day, by week, or by month. If you lose track of how much you owe, the information is located on our **TeacherEase system under the Miscellaneous/Fees option**. Be sure you are looking at the After School balance and not the Lunch balance; you can change the option from a drop-down feature. An email notification of any unpaid balances will be sent at the end of each quarter.

#### **General Information**

The Our Saviour After School Program will run from the time school is dismissed (3:00 PM) until 5:30 PM., Monday through Friday while school is in session. **When we have an early dismissal, whether it is scheduled or unscheduled (weather), we will NOT have After School Care.**

#### Daily Activities:

3:00-4:00 Play time (outside if weather is permitting / otherwise in the gym)  
4:00-5:30 Bathroom break, Snack time, and Movie time / Quiet time  
*\*\*\*Pre-K students will be in the Music Room\*\*\**  
*\*\*\*Kg-8th grade students will be in the art/science lab\*\*\**

#### **Fee Information**

Fees are: \$12.00 per day for one child                      Late fees are: \$3.00 for each 10 minutes after 5:30 PM.  
\$6.00 per day for other children in the family

Please, no outside snacks (due to allergies), toys or electronic devices from home (games, dolls, phones, ipods, etc.)

The Program is set up to be flexible in order to meet the needs and interests of the children. Most of all, we want to provide the children with a safe, healthy and happy environment in which to grow. Any problems or concerns should be directed to the program director. We are looking forward to a great year with your child/children, and we thank you for sharing them with us.

**OUR SAVIOUR AFTER SCHOOL PROGRAM FORM**

Please complete and return this form to the school office

Parents/Guardians

Mother \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**CHILD/CHILDREN'S NAME** \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Please indicate which days your child/children will be attending the program (please note the pick-up time in the blank below):

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list persons authorized to pick up your child/children from this program:

Name: \_\_\_\_\_ Relation to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to the child: \_\_\_\_\_

Emergency contacts and phone numbers where they can be reached.

Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

I have been informed and understand this program's policies pertaining to the admission, care and discharge of the children.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*\*\*Children will only be dismissed to their parents or persons listed on the enrollment form. If a person other than those listed will be picking up a child, arrangements must be made in advance with the program director.\*\*\**



# The Scrip Program

## Help pay your tuition while doing your everyday shopping!

Scrip is the fundraising program that costs you absolutely nothing and works while you do every day activities! Purchase gift cards/certificates for places you plan to shop, go out to eat or even fill your gas tank instead of using cash or credit. The Scrip Program purchases the gift cards from national and local merchants for a discount or rebate and sells them to you for full face value. That rebate is then split 50/50 between Our Saviour School (OSS) and the purchaser in the form of a tuition discount for either OSS or Routt! Our Scrip year runs from April 1 to March 31. Rebates earned during this time are taken off tuition the following school year.

Your every day purchases have generated revenues for OSS of \$8,400 in 2023, \$8,200 in 2022, \$8,100 in 2021 and \$9,100 in 2020. Every purchase helps and OSS thanks you for your continued support!

### How can Scrip cards/certificates be purchased?

- 1. Visit the Scrip office during posted hours** - Scrip office hours vary from month to month as they are dependent on the availability of our volunteers. Hours are posted monthly; calendars are available at [www.oursaviourshamrocks.com](http://www.oursaviourshamrocks.com). The Scrip office keeps inventory of popular cards on hand for your convenience. If you cannot make it during Scrip office hours, send your order to school and we can send the gift cards home with your student. See the order form on the back.
- 2. Download the RaiseRight app or shop online at [www.raiseright.com](http://www.raiseright.com)** - The RaiseRight app is available to download on the App Store or Google Play. Use our enrollment code to link your account to OSS: E25F42EB71L9. It is fully synchronized with the RaiseRight website. Easily set up a RaiseRight account and place orders online to pick up your cards/certificates in the Scrip office during posted hours. You can purchase eGift cards and have them available immediately in your RaiseRight wallet on the app. The eGift cards are perfect for families on the go. Many stores and restaurants allow you to redeem eGift cards right off the screen of your mobile device.



**RaiseRight**<sup>™</sup>

Simply the right way to fundraise

#### Don't leave free tuition money on the table!

If your family orders Leo's Pizza every Friday night and spends \$50, you could earn \$2.50 each week using Scrip. Over the course of a year, you would earn a \$130 tuition rebate for doing what you are already doing! You can buy fuel, groceries, clothing, etc. using Scrip gift cards and earn tuition rebates.

For questions, contact Fritzie Wagner 217-371-1992, Eva Devlin 217-371-0461 or email us at [ossscrip@gmail.com](mailto:ossscrip@gmail.com).

#### Check out these popular gift cards and their rebate percentages available for purchase for your shopping needs!

Bath & Body Works—12%	Mulligans/Brickhouse/Schiraz—10%
Brown's Shoe Fit—10%	MyBuddy's BBQ—10%
Buffalo Wild Wings—8%	Old Navy/Gap/Banana Republic—14%
Casey's—3%	Rudi's Grill—10%
China King—10%	Scheels—8%
JCPenney—5%	Texas Roadhouse—8%
Jones Meat & Locker—2%	TJ Maxx/Marshalls/HomeGoods—7%
Leo's Pizza—10%	Walmart—2.5%
Macy's—10%	And MANY more stores/restaurants!



Monday-Friday Scrip Office hours will vary; see schedule posted on school website ([www.oursaviourshamrocks.com](http://www.oursaviourshamrocks.com))

**Contact Info:**

Eva Devlin (217-371-0461)  
Fritzie Wagner (217-371-1992)

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

I will pick up in the school office

Send home with my child

**TOTAL \$** \_\_\_\_\_

*Make check payable to  
OSS Scrip*

GROCERY STORES	Denomination		Total
Jones Meat Locker (2%)	___ \$25		

RETAIL STORES	Denomination		Total
Abigail's Flowers & Gifts (10%)	___ \$10	___ \$25	
Aeropostale (10%)	___ \$25		
All Occasions (5%)	___ \$10		
Amazon.com (2%)	___ \$25	___ \$100	
Barnes and Noble (8%)	___ \$10	___ \$25	
Bath & Body Works (12%)	___ \$10	___ \$25	
Brown's Shoe Fit (10%)	___ \$25	___ \$50	
The Children's Place (12%)	___ \$25		
Claire's (9%)	___ \$10		
CVS Pharmacy (6%)	___ \$25		
Dick's Sporting Goods (8%)	___ \$25		
Dunham's (8%)	___ \$25		
Famous Footwear (8%)	___ \$25		
Five Below (2.5%)	___ \$25		
The Home Depot (4%)	___ \$25	___ \$100	
JC Penney (5%)	___ \$25		
Kohl's (4%)	___ \$25	___ \$100	
Lowe's Home Improvements (4%)	___ \$25		
Macy's (10%)	___ \$25		
Maurices (7%)	___ \$20		
Meijer (3%)	___ \$25		
Menards (3%)	___ \$25	___ \$100	
Old Navy/Gap/Banana Republic (14%)	___ \$25		
Scheels (8%)	___ \$25		
Target (2.5%)	___ \$25	___ \$100	
TJ Maxx/HomeGoods (7%)	___ \$25		
Walgreens (5%)	___ \$25	___ \$100	
Walmart (2.5%)	___ \$25	___ \$100	___ \$250

GAS	Denomination		Total
BP (1.5%)	___ \$50		
Casey's General Store (3%)	___ \$25	___ \$50 ___ \$100	
Phillips 66 (1.5%)	___ \$25		
Shell (1.5%)	___ \$25	___ \$50 ___ \$100	

RESTAURANTS	Denomination		Total
Applebee's (8%)	___ \$25		
Arby's (8%)	___ \$10		
Bob Evans (10%)	___ \$10		
Buffalo Wild Wings (8%)	___ \$10	___ \$25	
Burger King (4%)	___ \$10		
Chili's (11%)	___ \$25		
China King (10%)	___ \$10		
Dairy Queen (3%)	___ \$10		
Darden: Olive Garden/Red Lobster/Longhorn (8%)	___ \$25		
Domino's Pizza (12%)	___ \$10		
Dunkin' Donuts (3.5%)	___ \$10	___ \$25	
Hardees (5%)	___ \$10		
Jimmy Johns (8%)	___ \$25		
Leo's Pizza (10%)	___ \$10		
Little Caesars (8%)	___ \$20		
McAlister's Deli (6%)	___ \$25		
McDonald's (2%)	___ \$10	___ \$25	
Muggsy's/Brickhouse/Mulligans/Schiraz (10%)	___ \$10	___ \$25	
My Buddy's BBQ (10%)	___ \$25		
Panera Bread (8%)	___ \$10	___ \$25	
Papa John's (8%)	___ \$10		
Papa Murphy's (8%)	___ \$10		
Pizza Hut (8%)	___ \$10		
Rudi's Grill (10%)	___ \$10		
Sonic (8%)	___ \$10	___ \$25	
Starbucks (4.5%)	___ \$10	___ \$25	
Steak & Shake (8%)	___ \$10		
Subway (4.5%)	___ \$10		
Taco Bell (5%)	___ \$10		
Texas Roadhouse (8%)	___ \$25		
TGI Friday's (9%)	___ \$25		

OTHER	Denomination		Total
AMC Theatres (8%)	___ \$25		
Chiropractic Health Care (10%)	___ \$50		
iTunes (5%)	___ \$15	___ \$25	
Visa (1.25%)	___ \$25 ___ \$50	___ \$100 ___ \$250	

**Rebate percentages are subject to change.**

Visit [www.raiseright.com](http://www.raiseright.com) to place online orders or for a complete list of participating scrip merchants.





## OUR SAVIOUR SCHOOL – FAMILY SERVICE HOURS

### SERVICE HOUR POLICY:

FAMILY: A family is required to work 15 hours per year, for Our Saviour School or Parish (PreK-only families-5 hours per year) with the year being May 1-April 30 (Service work for RCHS DOES NOT count towards these hours.) In order for the program to be successful it is important for every family to participate. In addition to helping ensure that the current programs in our school can continue uninterrupted, added benefits to each family will be: an increased awareness of school activities; a chance to meet new people; and an opportunity to help make sure the students continue to have an enriching educational experience at Our Saviour School. A family may opt out of this requirement if they prefer to the comparable amount of \$150. If a family has not completed the required 15 hours of volunteer service by April 30, the remaining hours will be redeemed at \$10 an hour. Any remaining amount owed after April 30, will be paid through FACTS in the month of July. For each hour not fulfilled, we will draft \$10 per hour using the FACTS account. Regardless of single or double family parents, 15 hours per family is required. Also, 15 hours per family is required for all Our Saviour School families, regardless if they have students at Routt Catholic High School. In case of hardship, please write a letter to the Pastor by March 31 of the service hour year end and send it to the school office in order to consider waiving the service hour requirement for the specified school year. Service hours for a family may be completed by the parents/guardians or grandparents of the student. Families will be able to sign up for the volunteer jobs at registration and as any other school need arises. New opportunities will appear in the Friday newsletter and on the website. The parent that signed the FACTS form is the parent responsible for service hour payments, however, both parents can participate in fulfilling service hours. All parents involved in service hours must complete Protecting God's Children. Those current families wishing to receive tuition assistance must complete their required service hours (in the form of volunteering hours/items, not paying for incomplete hours) from the prior year in order to be considered for tuition assistance for next year.



*Shining Our Light for the Future*

## **OUR SAVIOUR SCHOOL STRATEGIC GOALS 2021-2026**

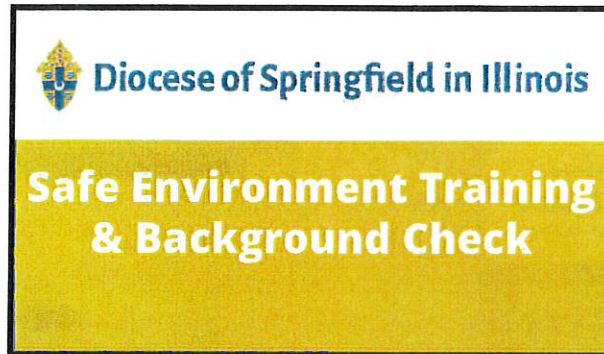
- OUR SAVIOUR SCHOOL WILL PROVIDE AN EVIDENCE-BASED, RIGOROUS, COMPREHENSIVE, PREK-8 CURRICULUM THAT ALLOWS ALL STUDENTS TO SHOW GROWTH AND MEET THEIR ACADEMIC, SPIRITUAL, AND PHYSICAL POTENTIAL.
- OUR SAVIOUR SCHOOL WILL ATTRACT, ADMIT, AND RETAIN STUDENTS TO ACHIEVE AND MAINTAIN AT A MINIMUM A BREAK-EVEN ENROLLMENT FIGURE (34 STUDENTS PER GRADE).
- OUR SAVIOUR SCHOOL WILL ENGAGE IN AND DEVELOP LONG-LASTING RELATIONSHIPS TO CREATE A SUSTAINABLE SOURCE OF FUNDS TO ENSURE THE VIABILITY OF THE SCHOOL FOR FUTURE GENERATIONS.
- OUR SAVIOUR SCHOOL WILL INCREASE THE EMPHASIS AND FOCUS OF CATHOLIC IDENTITY THROUGH THE SACRAMENTS, INTEGRATED ACADEMICS, SERVICE, AND SCHOOL ENVIRONMENT.
- OUR SAVIOUR SCHOOL WILL CREATE A FINANCIALLY VIBRANT SCHOOL ABLE TO SUSTAIN ITS LONG-TERM VIABILITY AND TO FUND ONGOING ENHANCEMENTS FOR ALL AREAS OF THE SCHOOL.
- OUR SAVIOUR SCHOOL WILL DEVELOP A PLAN TO IMPROVE THE INFRASTRUCTURE AND GROUNDS, REMAIN CURRENT IN TECHNOLOGY, AND PROVIDE A DISASTER RECOVERY PLAN.
- THE PASTOR AND PRINCIPAL, WITH THE SUPPORT OF THE ADVISORY BOARD, WILL ADVANCE THE ACADEMIC AND FAITH MISSION OF OUR SAVIOUR SCHOOL.
- OUR SAVIOUR SCHOOL WILL FOSTER STUDENTS' PERSONAL GROWTH, COMPASSION, CONSCIENTIOUSNESS, INTEGRITY, AND DISCIPLESHIP IN PREPARATION FOR STUDENT ADVANCEMENT INTO HIGH SCHOOL, COLLEGE AND ADULTHOOD.



**A GOOD SCHOOL PROVIDES A ROUNDED EDUCATION  
FOR THE WHOLE PERSON. AND A GOOD CATHOLIC  
SCHOOL, OVER AND ABOVE THIS, SHOULD HELP ALL  
ITS STUDENTS TO BECOME SAINTS.**

**- POPE BENEDICT XVI**

## DIOCESE OF SPRINGFIELD IN ILLINOIS



### **End User Instructions**

1. Go to <https://SpringfieldIL.cmgconnect.org/>
2. **New to training?** Create a new account by completing all the boxes under the *Register for a New Account* area. This includes your address, primary parish, and how you participate at your parish or school.  
*If you have questions about what options to select, please contact your parish/school coordinator.*
3. Your dashboard will show you the required and optional training curriculums that have been customized for your particular category within the Diocese.
4. Click **Start** under **A. Safe Environment Training & Background Check - Diocese of Springfield in Illinois** to complete your category-specific safe environment requirements.
5. Within the curriculum, you will be provided with the DCFS Form to be completed and sent to [safeenvironment@dio.org](mailto:safeenvironment@dio.org). **You MUST complete this form in ADDITION to your online background check submission to meet safe environment compliance.**
6. On the last page of the curriculum, submit your background check information. Please enter your name as listed on your government issued identification.  
**NOTE:** The training will show as *Resume* until your background check is processed and reviewed by the Diocese. This can take up to 7-10 business days.
7. If you have a valid email address associated with your account, you will receive a notification from [webmaster@cmgconnect.org](mailto:webmaster@cmgconnect.org) upon your approved certification.
8. After your account is certified by the Diocese, you can also download and/or print a certificate for the completed curriculum. To access, log in to your account and click **Print Certificate** under the finished module(s).

Please contact [cmgconnect@catholicmutual.org](mailto:cmgconnect@catholicmutual.org) or click  if you need assistance accessing your account.

Please complete all forms and return to the Our Saviour School Office as soon as possible.

**All new students, please send a copy of the certified copy of your child's birth certificate.**

This is important information to complete the registration process.

Thank you!

Our Saviour School Office

**Our Saviour School**  
**Verification of School Information-2024-2025**

Please Print Family Information (Please complete all boxes)		
<b>Family Name &amp; Address</b>	<b>Father's Name:</b> <b>Cell:</b> <b>email:</b> <b>Address if Different:</b>	<b>Religion:</b>
	<b>Mother's Name:</b> <b>Maiden Name:</b> <b>Cell:</b> <b>email:</b> <b>Address if Different:</b>	<b>Religion:</b>
<p><b>Please ✓ all that apply:</b></p> <p> <input type="checkbox"/> Parents are married                <input type="checkbox"/> Mother deceased                <input type="checkbox"/> Mother                <input type="checkbox"/> Father  <input type="checkbox"/> Parents are separated                <input type="checkbox"/> Father deceased                <input type="checkbox"/> Step-Mother                <input type="checkbox"/> Step-Father  <input type="checkbox"/> Parents divorced                <input type="checkbox"/> Guardian                <input type="checkbox"/> Other:         </p> <p style="text-align: center;"><b>Student resides with:</b></p>		
<p style="text-align: center;"><b>In instances of divorce, statement about child custody must be on file in the school office.</b></p>		
<b>Father's Employer:</b> <b>Address:</b>  <b>Phone:</b>	<b>Mother's Employer:</b> <b>Address:</b>  <b>Phone:</b>	<b>Emergency Contact when parents can not be reached</b> <b>Name:</b> <b>Relationship:</b> <b>Phone:</b>
<b>Guardian if other than parent: (In instances of Guardianship -copy of legal papers required)</b> <b>Name:</b>  <b>Address:</b> <b>Relationship:</b>		

Full Name of Student	Grade	Soc. Sec. No.	Birthdate	Birthplace	*ISP/IEP? Y/N	Catholic/ Non-Catholic

\*ISP/IEP = Educational Service Plan, including speech

**Please turn over to complete more information**

**School Messenger** (Phone Numbers to call to receive important messages from the school)  
Please list 3 numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**For Catholic Families only**

**Baptism Information:**

Child's Name \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Church \_\_\_\_\_

Child's Name \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Church \_\_\_\_\_

Child's Name \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Church \_\_\_\_\_

Child's Name \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Church \_\_\_\_\_

School physical complete with immunizations required for PreK, Kindergarten and 6<sup>th</sup> grade

Dental form required for Kindergarten, 2<sup>nd</sup> and 6<sup>th</sup> Grades

Eye Exam required for Kindergarten,

Certified copy of Birth Certificate

Baptismal Certificate

**Our Saviour School must follow Illinois law requirements for:**

**A. Health Examination Requirements**

All children must receive health examinations before

- entering kindergarten
- entering grade 6, or
- into any grade if the student has not been previously examined

**B. Immunization Requirements**

- All children in PreK-grade 8 must provide proof of immunization against polio, measles, mumps, rubella, and Varicella/Chickenpox.
- All children in PreK and grades 6-8 must provide proof of immunization against hepatitis B.
- All children in PreK must provide proof of immunization against Hib.
- All children in grades PreK-8 must provide proof of immunization against DTP/DTaP/Td .
- All children in grades 6-8 must provide proof of immunization against Tdap.
- All children in PreK must provide proof of immunization against Pneumococcal.
- All children in grade 6 or grade 7 must provide proof of immunization against Meningococcal.

**C. Eye Examination Requirements**

- All children entering kindergarten are required to have an eye examination.
- Children entering grades 1-8 in an Illinois school for the first time are required to have an eye examination.

**D. Dental Examination Requirements**

- All children in kindergarten and grades 2 and 6 are required to have a dental examination.



## State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date			Sex	Race/Ethnicity			School /Grade Level/ID#							
Last		First		Middle		Month/Day/Year												
Address				Parent/Guardian			Telephone # Home			Work								
<b>IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.</b>																		
REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps Rubella																		
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
<b>RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose</b>																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		
<b>Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.</b>																		
Signature					Title					Date								
Signature					Title					Date								
<b>ALTERNATIVE PROOF OF IMMUNITY</b>																		
<b>1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.</b> *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR																		
<b>2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.</b> Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease. <b>Date of Disease</b> <span style="margin-left: 100px;"><b>Signature</b></span> <span style="margin-left: 100px;"><b>Title</b></span>																		
<b>3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/>Measles* <input type="checkbox"/>Mumps** <input type="checkbox"/>Rubella <input type="checkbox"/>Varicella Attach copy of lab result.</b> *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.																		
<b>Completion of Alternatives 1 or 3 MUST be accompanied by Labs &amp; Physician Signature: _____</b> Physician Statements of Immunity MUST be submitted to IDPH for review.																		

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.



Last	First	Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)	Yes No	List:		<b>MEDICATION</b> (Prescribed or taken on a regular basis.)	Yes No	List:	
Diagnosis of asthma?	Yes No	Yes No	Child wakes during night coughing?	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	Yes No	
Birth defects?	Yes No	Yes No	Developmental delay?	Hospitalizations? When? What for?	Yes No	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No	Yes No	Diabetes?	Surgery? (List all.) When? What for?	Yes No	Yes No	
Head injury/Concussion/Passed out?	Yes No	Yes No	Head injury/Concussion/Passed out?	TB skin test positive (past/present)?	Yes* No	Yes* No	*If yes, refer to local health department.
Seizures? What are they like?	Yes No	Yes No	Heart problem/Shortness of breath?	TB disease (past or present)?	Yes No	Yes No	
Heart murmur/High blood pressure?	Yes No	Yes No	Heart murmur/High blood pressure?	Tobacco use (type, frequency)?	Yes No	Yes No	
Dizziness or chest pain with exercise?	Yes No	Yes No	Heart murmur/High blood pressure?	Alcohol/Drug use?	Yes No	Yes No	
Dizziness or chest pain with exercise?	Yes No	Yes No	Heart murmur/High blood pressure?	Alcohol/Drug use?	Yes No	Yes No	
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)	Family history of sudden death before age 50? (Cause?)	Yes No	Yes No	
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Ear/Hearing problems?	Yes No	Yes No	Ear/Hearing problems?	Information may be shared with appropriate personnel for health and educational purposes.			
Bone/Joint problem/injury/scoliosis?	Yes No	Yes No	Bone/Joint problem/injury/scoliosis?	<b>Parent/Guardian Signature</b>			
				<b>Date</b>			

**PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE if < 2-3 years old	HEIGHT	WEIGHT	BMI	B/P
---------------------------------------	--------	--------	-----	-----

**DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex** Yes  No  And any two of the following: **Family History** Yes  No   
**Ethnic Minority** Yes  No  **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes  No  **At Risk** Yes  No

**LEAD RISK QUESTIONNAIRE:** Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

**Questionnaire Administered?** Yes  No  **Blood Test Indicated?** Yes  No  **Blood Test Date** \_\_\_\_\_ **Result** \_\_\_\_\_

**TB SKIN OR BLOOD TEST** Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. [http://www.cdc.gov/tb/publications/factsheets/testing/TB\\_testing.htm](http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm)

No test needed  Test performed  **Skin Test: Date Read** / / **Result: Positive**  **Negative**  **mm** \_\_\_\_\_  
**Blood Test: Date Reported** / / **Result: Positive**  **Negative**  **Value** \_\_\_\_\_

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

**NEEDS/MODIFICATIONS** required in the school setting \_\_\_\_\_ **DIETARY Needs/Restrictions** \_\_\_\_\_

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?  
If you would like to discuss this student's health with school or school health personnel, check title:  Nurse  Teacher  Counselor  Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?  
Yes  No  If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in \_\_\_\_\_ (If No or Modified please attach explanation.)

**PHYSICAL EDUCATION** Yes  No  Modified  **INTERSCHOLASTIC SPORTS** Yes  No  Modified

Print Name \_\_\_\_\_ (MD,DO, APN, PA) Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

It has been brought to our attention that many students' various allergies have not been listed on their physical forms. This has caused us some concern. Therefore, the need to ask for this information. Please provide a list of all known allergies that your child(ren) have.

Student Name	Food allergy (list food)	Other Allergy (grass, mold, latex etc.)	No known allergies



## 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: \_\_\_\_\_





Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
(Month/Day/Year)

Parent or Guardian \_\_\_\_\_  
(Last) (First)

Phone \_\_\_\_\_  
(Area Code)

Address \_\_\_\_\_  
(Number) (Street) (City) (ZIP Code)

County \_\_\_\_\_

**To Be Completed By Examining Doctor**

**Case History**

Date of exam \_\_\_\_\_

Ocular history:  Normal or Positive for \_\_\_\_\_

Medical history:  Normal or Positive for \_\_\_\_\_

Drug allergies:  NKDA or Allergic to \_\_\_\_\_

Other information \_\_\_\_\_

**Examination**

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation?  Yes  No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

**Diagnosis**

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other \_\_\_\_\_



**Recommendations**

1. Corrective lenses:  No  Yes, glasses or contacts should be worn for:  
 Constant wear  Near vision  Far vision  
 May be removed for physical education

2. Preferential seating recommended:  No  Yes  
 Comments \_\_\_\_\_

3. Recommend re-examination:  3 months  6 months  12 months  
 Other \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Print name \_\_\_\_\_  
 Optometrist or physician (such as an ophthalmologist)  
 who provided the eye examination  MD  OD  DO

License Number \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

<p align="center"><b>Consent of Parent or Guardian</b></p> <p align="center">I agree to release the above information on my child or ward to appropriate school or health authorities.</p> <p align="center">_____</p> <p align="center">(Parent or Guardian's Signature)</p> <p align="center">_____</p> <p align="center">(Date)</p>
--

Date \_\_\_\_\_

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Home Language Survey

The state requires the district to collect a Home Language Survey for each student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

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

1. Is a language other than English spoken in your home?

Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

2. Does your child speak a language other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

3. The following information is used for State forms that must be filled out annually. Please mark the correct designation for your child to help assure that our information is accurate.

Race/Ethnic Designation:

Hispanic or Latino \_\_\_\_\_

American Indian \_\_\_\_\_

Asian \_\_\_\_\_

African American \_\_\_\_\_

Native American \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

Multi Racial (2 or more) \_\_\_\_\_

Parent/Legal Guardian Signature

Date

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# Grades 1 - 8 only

## Transfer of Records Request

FROM: School Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

To: Our Saviour School  
455 East State Street  
Jacksonville, IL 62650  
217-243-8621  
Fax: 217- 408- 7636

Student(s) Name:

\_\_\_\_\_ Grade \_\_\_\_\_ D/O/B \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_ D/O/B \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_ D/O/B \_\_\_\_\_

We request your school to forward student cumulative records, copy of birth certificate, health and immunization history, academic test scores, social/psychological referrals and evaluations, current IEP's, and reports of special services the student(s) has received or been enrolled in, the ISBE student transfer form, or any other information deemed helpful in the proper placement of this student(s).

Should any of these records be stored in a separate building other than the building receiving this request, PLEASE FORWARD this release of information to that building. The Illinois Student School Records Act and the School Code (ch 122.par 50-8.1B) requires that a request for student records shall be honored within 15 days after the request is received. Thank you for your assistance in helping us place this student appropriately.

### RELEASE OF RECORDS AUTHORIZATION

Today's Date: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release all school records including all Special Education information, reports for any special services the student(s) has received or been enrolled in as well as school health/immunization records.

Parent(s)/Guardian(s) Signature \_\_\_\_\_

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

City/State/Zip code: \_\_\_\_\_

# Our Saviour Catholic Church

453 E. State · Jacksonville, Illinois 62650 · (217)245-6184  
[office@ospchurch.com](mailto:office@ospchurch.com) [www.oursaviourparish.org](http://www.oursaviourparish.org)

Please complete this form and return it as soon as possible.

**Parent Name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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### Please check one option below:

\_\_\_\_\_ My family is practicing Catholic and we anticipate receiving the Catholic tuition rate.

Member of what parish? \_\_\_\_\_

\*If not a member of Our Saviour Parish, please submit a letter from your pastor attesting to you being a practicing Catholic.\*

\_\_\_\_\_ My family is not Catholic and is interested in learning about becoming Catholic.

\_\_\_\_\_ My family is practicing another faith or non-practicing.

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Please indicate (with an "X") whether each family member is Catholic "C" or practicing Other Faiths "O/F":

	First & Last Name	C	If Catholic, Approximate Date/Place of Baptism	O/F
Father/Guardian	_____	_____	_____	_____
Mother/Guardian	_____	_____	_____	_____
OSS Students	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**\*\*Please submit a baptism certificate if your student(s) was not baptized at Our Saviour Parish.**