Marquette Catholic High School
International Student Enrollment Application

All of the following documents must be received before an i20 will be issued:

- ☐ Completed I-20 Request Form
- ☐ Completed School Application
- ☐ Current School Transcript
- ☐ Copy of the Student's Passport
- ☐ Copy of the Parent's Passport of Picture Identification
- ☐ Signed Letter of Custody. An original verified copy MUST be brought to school with the student
- ☐ Medical Liability Release
- ☐ Tuition Agreement Signed
- ☐ Refund Policy Signed
- ☐ Deposit of $5,000.00 USD Wired to the School

Marquette Catholic High School
International Wiring Instructions

Bank: First Source Bank
ABA: 071212128
Address: 100 N Michigan Street
South Bend, Indiana 46601

Swift Code: SRCEUS31

Beneficiary: Marquette Foreign Exchange Company

Address: 306 W 10th Street
Michigan City, Indiana 46360

Account #: 10256469

Please include student's name.

I-20's will be issued within one week after all necessary materials are received.
They will be sent by Express Mail to insure prompt delivery.

International Student Enrollment Application

_____ Academic Year

Student Information

Last (Family) Name _____

First (Given) Name _____

English Name _____

Date of Birth (mm/dd/yyyy) _____

Gender Male ☐ Female ☐

Citizenship _____

Country of Birth _____

Mobile Phone _____

Home Telephone Number: _____

Current Grade _____Applying for Grade _____

Email Address _____

Skype ID _____

Home Address

Number and Street _____

_____

City _____

Providence/State _____Postal Code _____

Country _____

Father Information

Last (Family) Name _____

First (Given) Name _____

Mobile Phone _____

Home Telephone Number: _____

Email Address _____

Company _____

Position/Title _____

Mother Information

Last (Family) Name _____

First (Given) Name _____

Mobile Phone _____

Home Telephone Number: _____

Email Address _____

Company _____

Position/Title _____

Emergency Contact Information

Contact person (with English speaking skills) ***to notify in case of an emergency****:*

Last Name _____

First Name _____

Relation to Student _____

Mobile Number _____

Email Address _____

Country of Residence _____

Academic Background

Current School _____Boarding ☐ Day☐
Name City/State/Country

Date of Attendance _____ Clubs and/or Sports involved in _____
Month /Year to Month/Year

Please write the names of each institution and grade attended by the applicant in the last three academic years. This information should correspond with the transcripts submitted with this application. **Original transcripts in the native language of the applicant must be accompanied by their English translations.**

_____
School Name Year & Grades attended City/State

_____
School Name Year & Grades attended City/State

_____
School Name Year & Grades attended City/State

English Language Proficiency
Test Scores

TOEFL _____
Score Date Taken (mm/dd/yyy)

SLEP _____
Score Date Taken (mm/dd/yyy)

SSAT _____
Score Date Taken (mm/dd/yyy)

TOEFL Jr _____
Score Date Taken (mm/dd/yyy)

Other test scores:

_____
Name of Test Score Date Taken (mm/dd/yyy)

How many years have you studied English? _____

Have you ever lived in an English speaking country?
Yes☐ No☐

Have you ever studied English in a language school?
Yes☐ No ☐

Are you currently studying in the USA on a J1 visa?
Yes☐ No ☐

Have you ever been ____ in school suspension? _____ Out of school suspension? _____ Expelled? _____ Asked to withdraw?

I hereby certify that all information provided in this application packet is true and accurate to the best of my knowledge and belief. I understand and agree that misrepresentation, falsification, or material omission of information on any of the provided forms in this application packet may result in dismissal from the school.

_____ _____ _____
Student Signature Printed Name Date

_____ _____ _____
Parent Signature Printed Name Date

Student Profile for Host Family Matching or Roommate Matching in Boarding School

Student Name: _____ School Name: _____

Proficiency in English *(This is a personal assessment of your English skills.)*

	SPEAKING	LISTENING	READING	WRITING
BEGINNER				
INTERMEDIATE				
ADVANCED				

My hobbies include: _____

Other countries I have visited: _____

Some things I really like: _____

Some things I really dislike: _____

Will you bring your laptop computer? Yes☐ No☐

Health Questionnaire
Please answer the following questions as accurately as possible.

Do you have any medical conditions that we should be aware of?

If yes, please explain: _____
Are you taking any medication for this condition? _____

Do you currently smoke or have you ever smoked? Yes☐ No☐
If yes, do you agree to abstain while studying and living in the United States? Yes☐ No☐

Marquette Catholic High School
SEVIS I-20 Information Form

All information on this form is required for the initial setup and reporting in the STUDENT EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS) and for the issuance of the I-20 document.

STUDENT INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN (Please print legibly):

Family Name (surname): _____

First (given) Name, ***DO NOT ENTER MIDDLE NAME***: _____

Country of Birth:_____ City of Birth _____

Date of Birth (m/d/y): _____, Gender: ☐ Male ☐ Female

Country of Citizenship: _____

Do you presently have a United States Visa? ☐ Yes ☐ No. If yes, what type Visa? _____

Student's **Foreign** Address:

Street: _____

City: _____ Province / Territory: _____

Postal Code: _____ Country: _____

Student's **U.S.** Address (with Family or Guardian):

Street: _____

City: _____, State: _____, Zip: _____

Telephone: _____ Email (Optional):_____

Name of school student will be attending: _____

Street: _____

City: _____, State: _____, Zip: _____

School official to be notified of student's arrival in U.S.:

Name: _____, Title: **SEVIS, PDSO, Office Phone Number:** _____ **Email:** _____

TO BE COMPLETED BY SCHOOL PERSONNEL:

The student named above has been accepted for a full course of study at _____ and in grade _____. The student is expected to report to the school no later than (date) _____and complete studies not later than (date)_____.

This certificate is issued to the student named above for:

☐ Initial attendance to this school.
☐ Continued attendance at this school.
☐ School Transfer; Transferred From: _____
☐ Other: _____

Level of education the student is pursuing or will pursue in the United States.

☐ Primary
☐ Secondary
☐ Other: _____

English proficiency is required (please answer question as it is required by SEVIS):

Does the student have the required English proficiency? ___Yes or ___No

If the student is not yet proficient, will English instructions will be given at the school? ___Yes or ___No

The average cost for the student for an academic term of _____ months will be:

$_____ Tuition and fees

$_____ Living Expenses

$_____ Other (specify): _____

$_____ Total

The school has information showing the following as the student's means of support, estimated for an academic term of _____months:

$_____ Student's personal funds

$_____ Funds from this school. Specify Type: _____

$_____ Funds from another source. Specify: _____

Remarks: _____

_____

_____

TO BE COMPLETED BY PARENT OR GUARDIAN:

STUDENT CERTIFICATION: I have read and agree to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and it is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named above. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

_____ _____

Printed Student Name Student Signature

_____

Date

If student is under 18 years of age, Parent/Guardian signature is required below:

_____ _____

Printed Name of Parent/Guardian Signature of Parent/Guardian

_____ _____

Date Address

REGISTRATION FEE (TO BE COMPLETED BY SCHOOL PERSONNEL):

Registration fees of $_____ for the above named student has been paid in full AND/OR the tuition for $_____ has been paid in full. If tuition has been paid in full, no personal financial data is needed. However, a letter on school letterhead verifying total payment, signed by the principal or designated personnel, will be required. If financial data is included with this form, please verify the information provided covers the year's tuition, etc.

_____ _____

Printed Name of Authorized School Representative Required **Signature of Authorized School Representative required**

_____

Date

International Student Fee List

Grade 9 to Grade 12

The Fees include:

- Tuition for One School Year (2 consecutive semesters)
- Room & Board
- Medical Health Insurance
- ENL Fees
- All Academic Activity Fees
- Application Fee
- Registration Fee
- Administration Fees
- Technology Fee (ipad)

Fees do not include personal pocket money, phone calls, and personal necessities. School Uniform, including Pants are not included.

Recommended personal spending money: $150 per month.

Payment Expectations:

- $5,000 deposit after generating pre-acceptance
- Remainder payable 4 weeks before arrival

International Student Refund Policy

DEPOSIT

The deposit ($5,000) is non-refundable.

If the student is unsuccessful in obtaining a Visa; $4,500 of the deposit will be refunded less the wiring fees. This is the only condition under which any of the deposit will be refunded.

TUITION AND FEES

Final payments must be wired to Marquette Catholic High School **no later than two weeks prior to the beginning of the semester.**

We understand there will be a time of transition when the student's work may not be up to the expected standard of students at Marquette Catholic High School due to learning in another language and the extra demands that it requires. However, if a student refuses to try to accomplish the work and assignments, is excessively absent, or does not make an effort to study and improve his/her academic standing dismissal may occur at the semester break.

Any student, who is expelled, dismissed, withdraws or transfers for any reason will <u>not</u> receive a refund of any kind. All tuition and fees are non-refundable.

_____ _____

Parent Signature Date

_____ _____

Student Signature Date

AUTHORIZATION AND LIMITED POWER OF ATTORNEY

The undersigned (parent or guardian name) _____
parent/guardian of (student name) _____, hereby grants by the following authority and powers to Marquette Catholic High School (and/or its designees) (MQTT relative to the student during the entire tenure of student's enrollment as a member of Marquette Catholic High School . The term begins with the student's acceptance and continues until the time of his graduation or removal from MQTT.

1. Medical Treatment. Marquette Catholic High School may seek medical treatment for students and approve such treatment for any and all medical, surgical, optical, dental, and mental health and condition or injuries. Routine care not reasonably anticipated to have significant effect on the student or entail significant risk of present off future injury maybe approved without prior authorization by the undersigned. Emergency treatment for conditions or injures may be approved by MQTT without prior authorization where time does not permits such prior authorization by the undersigned before treatment is undertaken, MQTT will make reasonable efforts to contact the undersigned for approval. In the event that the undersigned cannot be reached with a reasonable time and MQTT determines that the treatment decision should be made without future delay, it may approve such treatment.

2. Registration Form and Other School Documents. MQTT may execute on behalf of the undersigned the standard forms required of students as part of the registration, enrollment and class-assignment process. These forms include, but are not limited to, the Student Registration Form, the Parent Permission for Participating in Off-Campus Events Form, the Honor Code acknowledgement form and the Athletic Emergency Information Form. In addition MQTT may execute on behalf of the undersigned all forms necessary to select and approve the elective classes in the curriculum for the student.

3. Athletics, Activities and Field Trips. Many athletic pursuits, activities and field trips sponsored by MQTT and/or its personnel typically require the approval of the parent or guardian and may also involve the payment of fees student's behalf above and beyond tuition, board, books and supplies. The undersigned authorizes MQTT to approve such athletic and no-athletic activities and trips without prior authorization of the undersigned. This authorization includes permission to transport the student to locations in and out of the state of IN Any other travel out of the country, including to the student's home country require the prior approval of the undersigned.

The undersigned acknowledges that all activities involve some risk of injury, whether from the activity itself or the transportation to and from the location of the activity. The undersigned authorizes MQTT to exercise its good faith judgment in permitting participation in activities, even where there is a minor risk of injury to the student. Apart from school in sponsored activities, students may request permission to go off campus with other students and their families for events and activities that are not sponsored by MQTT. The undersigned agrees that MQTT may, in its discretion, grant or withhold permission for a student to be off campus for such purposes.

4. Authorization to incur Expense. The undersigned is aware that the exercise of the powers and authority granted herein may involve expenses to the student and/or his parent or guardian. The undersigned approves the reasonable expenses associated with the activity, provided that those expenses do not exceed the amounts being charged to other students for the same activity or even. Any activity or event for which the charge would exceed $200.00 will not be approved by MQTT for the student without advance consent from the undersigned. MQTT shall not be responsible for damages or losses incurred by the student or the student's parent or guardian caused by failure of the undersigned to respond within a reasonable time to a request for approval of participation in activities or trips.

5. Release of Liability. The undersigned understands that MQTT is not required to assume the responsibilities associated with this AUTHORIZATION AND LIMITED POWER OF ATTORNEY, and may instead require the undersigned to make every decision and execute every form and document associated with attendance at MQTT as a precondition to the student's enrollment and participation in the activities and events that occur on and off MQTT campus. The undersigned understands that the willingness to exercise the authority granted herein is an accommodation to the student and the undersigned for which MQTT receives no additional consideration. In exchange for the willingness of MQTT to exercise the authority and powers granted herein the undersigned releases(s) MQTT and its current and former related and/or affiliated entities, officers, trustees, agents, employees and assigns from any and all liability arising from the exercise of the powers granted herein, even if later events prove the decisions made by MQTT to have been unwise when made.

6. Agreement to Reimburse Expenses and Charges. The undersigned agrees to pay for medical insurance on the student and to furnish MQTT with information required to purchase medical insurance. The undersigned further agrees to reimburse to MQTT any and all charges approved by MQTT for any treatment not covered by medical insurance, as well as for the cost of any activity or trip in which the student participates or fails to participate at a time when the cost cannot reasonably be avoided. The charges incurred for such treatment or activities/trips shall be treated as tuition and board for all purpose. The student will not receive transcripts or graduate from MQTT while any balance remains outstanding on such charges.

7. Appointment of Marquette Catholic High School as Attorney in Fact. The undersigned appointsMQTT attorney-in-fact for the undersigned for the sole purpose of carrying out the authority granted by the undersigned to MQTT in this agreement. This power may be exercised by the Chief School Administrator, the School Nurse, the School Principal, and any Administrators. The Chief School Administrator may, in his discretion, delegate his power granted herein to any other agent or employee of MQTT who, in the option of the Chief School Administrator, is an appropriate representative of MQTT to exercise the authority granted herein for the benefit of the student.

8. Form of Written Approval. When written approval of the undersigned is required under this document or for any other purpose, MQTT may accept as evidence of written approval and/or permission communications sent by conventional mail or by email of fax from the following addresses/phone numbers:

_____

_____

The undersigned understands and agrees that permission forms or documents sent from these addresses/fax numbers will be conclusively presumed to have been sent by the undersigned and to be valid documents with or without the use of secure electronic signatures.

9. Copies of Forms and Documents Executed Pursuant to this Authorization. When documents are executed by MQTT pursuant to this document, MQTT will endeavor to promptly send copies to the undersigned. Unless otherwise specifically instructed, MQTT will send copies by email at the address provided by the undersigned in paragraph 8, above.

Parent's Signature **Date**

Parent's Signature **Date**

Witness Signature **Date**

Copy of Parent's Government ID 父母身份证副本

Witness Seal

CUSTODY AGREEMENT

Date: _____ Student's Name: _____

I, _____ (Print Parent Name) give and assign temporary custody for my child _____(Print Child's Name), to Kathleen Arvin (Resident Dean) and/or any of her successors, Marquette Catholic High School, and/or its delegates or representatives, residing in Michigan City, Indiana for providing residence and transportation and for all matters that might require a parent's approval. This custody agreement is in effect for the duration of the time my child is a student at Marquette Catholic High School. I understand that this form needs to be notarized and/or legally verified and witnessed according to local law, and brought to the United States with the original signatures when my child arrives in the United States.

_____

Parent's Signature Date

_____

Parent's Signature Date

_____

Witness #1 Signature Date

_____

Witness #2 Signature Date

Witness Seal

Copy of Parent's Government ID

HEALTH & MEDICAL RECORD QUESTIONNAIRE

Student Information

Student's Name: _____

Address: _____

City: _____ Country: _____

Telephone: _____

Physician Information

Physician's Name: _____

Address: _____

City: _____ Country: _____

Telephone: _____

Medical History

Have you had? Please check all that apply.

☐ Measles	☐ Concussion or Head Injuries	☐ Sexually Transmitted Disease
☐ Mumps	☐ Rheumatic Fever or Heart Disease	☐ Strokes
☐ Chickenpox	☐ Diabetes	☐ Tuberculosis
☐ Epilepsy	☐ Cancer	☐ Broken Bones

Have you ever been hospitalized, had surgery, or been under extended Medical care?

No ☐ Yes ☐ If yes, for what reason? _____

_____

Systemic Overview & History

Do you have the following? Please check all that apply.

☐ Eye Disease or injury	☐ Eyeglasses	☐ Double vision
☐ Headaches	☐ Glaucoma	☐ Nosebleeds
☐ Chronic sinus trouble	☐ Ear disease	☐ Impaired hearing
☐ Hearing aids	☐ Dizziness	☐ Episodes of unconsciousness

Skin:

☐ Abnormal pigmentation	☐ Jaundice	☐ Frequent infection or boils
☐ Skin disease, hives, eczema		

Neck:

☐ Stiffness	☐ Thyroid trouble	☐ Enlarged glands

Respiratory:

☐ Spitting up blood	☐ Asthma	☐ Chronic or frequent cough

Have you been in good general health most of your life?

No ☐ Yes ☐ If not, please explain. _____

_____

Allergies and Sensitivities

Is there a history of skin reaction or other reaction or sickness following injections or oral administration of:

- ☐ Penicillin or other antibiotics
- ☐ Morphine, Codeine, Demerol, other narcotics
- ☐ Aspirin, empirin or other pain remedies
- ☐ Tetanus, antitoxin or other serums
- ☐ Any foods, such as egg, milk or chocolate

List:

_____

_____

_____

_____

- ☐ Novocaine or other anesthetics
- ☐ Sulfa drugs
- ☐ Adhesive tape or latex (circle)
- ☐ Iodine or merthiolate
- ☐ Any other drug or medication

List:

_____

_____

_____

_____

Pet/AnimalAllergies No ☐ Yes ☐

Please explain.

_____

_____

_____

_____

Other allergies? No ☐ Yes ☐

Please explain.

_____

_____

_____

_____

Mental Health

Have you ever received any medical attention or counseling for psychological or emotional issues? No ☐ Yes ☐

If yes, please explain. _____

_____

Have you ever received pharmacological treatment (medication) for a psychological or emotional issue? No ☐ Yes ☐

If yes, please explain. _____

_____

Medications

Are you currently taking medication for any reason? No ☐ Yes ☐

If yes, please list. _____

_____

_____

We certify that the information supplied is true and complete to the best of our knowledge. W e authorize any of the doctors, hospitals, or clinics mentioned above to furnish a complete transcript of medical records for purposes of processing this application. Undisclosed information or innaccuracies in information provided could result in dismissal from Marquette Catholic High School.

Signature of Student: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

MUST BE COMPLETED BY DOCTOR

MEDICAL EXAMINATION FORM

to be completed by Family Physician

Physician Information

Physician's Name: _____

Address: _____

City: _____ Country: _____

Telephone: _____

Examination Results

Normal	Check each item	Abnormal
☐	Head, Face, Neck, Scalp	☐
☐	Nose	☐
☐	Sinuses	☐
☐	Mouth and Throat	☐
☐	Ears- General (interior & exterior)	☐
☐	Ear Drums (perforated)	☐
☐	Eyes	☐
☐	Ophthalmoscopic	☐
☐	Pupils	☐
☐	Ocular Motility	☐
☐	Lungs and Chest	☐
☐	Heart	☐
☐	Vascular System	☐
☐	Abdomen and Viscera	☐
☐	Anus and Rectum	☐
☐	Endocrine System	☐
☐	G – U System	☐
☐	Upper Extremities	☐
☐	Feet	☐
☐	Lower Extremities	☐
☐	Spine, other Musculoskeletal	☐
☐	Body Marks, Scars, Tattoos	☐
☐	Skin Lymphatics	☐
☐	Neurologic	☐
☐	Psychiatric	☐
☐	Pelvic (female only)	☐

Examination:
☐ vaginally ☐ rectally

MUST BE COMPLETED BY DOCTOR

Physical and Labratory Results

Height: _____ Weight: _____

Color Eyes: _____ Build: ☐ slender ☐ medium ☐ heavy

Hair Color: _____

BLOOD PRESSURE

Sitting: _____ Recumbent: _____ Standing: _____

PULSE

Sitting: _____ After Exercise: _____ 2 minutes After : _____

LABORATORY FINDINGS

Urinalysis (A.Specific Gravity): Albumin _____ Sugar _____

Serology (Specify Test): _____ Blood type & RH Factor _____

Tuberculosis (Clearance must be within 6 months)

Chest X-Ray Date: _____ Positive or Negative: _____

Skin Test Date: _____ Positive or Negative: _____

Medications

Are you currently taking medication for any reason? No ☐ Yes ☐

If yes, please list. _____

_____

_____

Physician Signature

Signature of Physician: _____

Date of Exam: _____

We certify that the information supplied is true and complete to the best of our knowledge. We authorize any of the doctors, hospitals, or clinics mentioned above to furnish a complete transcript of medical records for purposes of processing this application.

Signature of Student: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

MUST BE COMPLETED BY DOCTOR

IMMUNIZATION RECORD FOR SCHOOL ADMITTANCE

to be completed by Family Physician

Immunization Requirements

Pupils enrolled in kindergarten through grade 12 (in the United States) are required to have written proof on file at their public or nonpublic school that they have been immunized against DPT (diphtheria, pertussis, tetanus), poliomyelitis, measles, mumps and rubella and Hepatitis B. Failure to do so is cause for exclusion from school. Required immunizations may vary from state to state.

MINIMUM IMMUNIZATION REQUIREMENTS:

Five or more doses of DPT, DT (Pediatric), TD (Adult) vaccine or a combination thereof.
Three or more doses of trivalent oral polio vaccine (TOPV).
Two doses measles vaccine.
Two doses mumps vaccine.
Two doses rubella vaccine.
Three doses of Hepatitis B
Two doses of Varicella (Two doses required if first doses issued after thirteenth birthday)

If the final dose of any of the above vaccines occurs before the third birthday, a booster shot is required.

Immunization Record

DPT	**1.** Date	**2.** Date	**3.** Date	**4.** Date	**5.** Date	*Booster if Required* Date
TOPV	Date of Disease	**1.** Date	**2.** Date	**3.** Date	*Booster if Required* Date	
Measles	Date of Disease	**1.** Date	**2.** Date	*Booster if Required* Date		
Mumps	Date of Disease	**1.** Date	**2.** Date	*Booster if Required* Date		
Rubella	Date of Disease	**1.** Date	**2.** Date	*Booster if Required* Date		
Hepatitis B	Date of Disease	**1.** Date	**2.** Date	**3.** Date		
Varicella (chickenpox)	Date of Disease	**1.** Date	**2.** Date	**3.** Date		

Physician Signature

Signature of Physician: _____ Date: _____

Any immunizations not available in your country are available here, but they are expensive and are not covered by insurance. The student must be prepared to pay for any immunizations they receive in the USA. Please make every effort to obtain all immunizations before your departure from your home country.

School Year
Indiana State Department of Health (ISDH)
School Immunization Requirements
Updated: May 2012

3 to 5 years old	3 Hep B (Hepatitis B) 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio (Inactivated Polio) 1 MMR (Measles, Mumps & Rubella) 1 Varicella	
Kindergarten to 2	3 Hep B 5 DTaP 4 Polio	2 MMR 2 Varicella
Grades 3 to 5	3 Hep B 5 DTaP 4 Polio	2 MMR 1 Varicella
Grades 6 to 12	3 Hep B 5 DTaP 4 Polio	2 MMR 2 Varicella 1 Tdap (Tetanus & Pertussis) 1 MCV (Meningococcal)

Hep B Two dose alternative adolescent schedule (Recombivax HB® given at age 11-15 years x 2 doses) is acceptable if properly documented.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's fourth birthday.

Polio The 4th dose of polio vaccine must be administered on or after child's fourth birthday. This applies only to kindergarten, 1st and 2nd grades for 2012-2013. Three doses of polio vaccine are acceptable if 3rd dose was administered on or after child's fourth birthday and the doses are all IPV or all OPV.

MMR If given as single antigen, 2 Measles, 2 Mumps and 1 Rubella required.

Varicella Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 2nd grade. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 3-12. Two doses of varicella vaccine separated by at least 3 months are **recommended** for all elementary-aged students.

Tdap A Tdap booster can be given as early as 1 year after a Td vaccination.

For children who have delayed immunizations, please refer to the 2012 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2012 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at www.cdc.gov/vaccines/recs/schedules/default.htm.

Additional Information

- Immunization reports are required to be submitted to the Indiana State Department of Health via CHIRP, the Indiana immunization registry, for K, 1st & 6th grades.
- Required educational materials to be distributed:
  - Grades 1-12: Meningococcal Parent Letter with Meningococcal Fact Sheet
  - 6th Grade (Parents of 6th grade girls): HPV letter/response form and FAQ sheet. Completed response forms should be returned to the school. The school will supply a summary of responses to ISDH.
- Recommended educational materials to be distributed:
  - Grades 6-12: Pertussis Parent Letter with Pertussis Fact Sheet
  - 6th Grade (Parents of 6th grade boys): HPV letter and FAQ sheet.

Power of Attorney for Immunization

The undersigned _____, parent of _____, hereby grants the authority to the assigned school to take charge of my child's immunization. I understand that the immunization is required by the State Board of Health and is for the benefit of my child's health. And I understand that my child will only receive necessary vaccines. I agree that the assigned school is not responsible for any potential risk that the immunization may carry or any result generated.

Parent/Guardian Signature

_____

Date

_____

Marquette Catholic High School

Authorization Form to Release Immunization Records

Academic Year

I, _____, give Marquette Catholic High School, permission to release the following information concerning my child, _____, to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP); Student's name, immunization data, date of birth and other identifying information as applicable.

I understand that the information in the registry may be used to verify that my child has received proper immunization and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, and elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning, or contractor of the office of Medicaid policy and planning. I also understand that the other entities may be added to the list through amendment to I.C. 16-39-5-3.

I hereby consent to the release of such information.

_____ _____

Signature of Parent/Guardian Date

_____

Printed Name of Parent/Guardian

_____ _____

Address Phone Number

_____ _____

Child's Name Grade