



Welcome to Woodlands Academy!

Table of Contents

Admissions Office

Residence Life Boarding Program

International Processing

Information Technology

Academy Resources



Dear New Woodlands Academy families,

I want to welcome you to the Woodlands Academy community! We are so pleased and honored to have your daughter attending our program! We look forward to getting to know her (and you) this academic year.

Woodlands Academy is a vibrant institution with engaging people and opportunities. Your daughter is about to begin one of the most exciting times of her young life. We hope this year will be meaningful, stimulating, and fun! We want her to thrive here on campus, to dive in, and take full advantage of everything Woodlands has to offer. Something about WA resonated with her; perhaps she was attracted to our beautiful 41-acre campus or to our talented and diverse student body, or maybe it was our collective commitment to helping young women see themselves as vital contributors to our global society. Whatever the reason, we are delighted that she is a part of the Woodlands community and want her to feel the same way!

Because this is a new experience, we know your family may have numerous questions in anticipation of this amazing journey. We want her to feel prepared to begin her Woodlands adventure! To assist in this, we created a **Residence Life Onboarding Packet** that provides essential information related to your campus experience; that introduces you to specific divisions of our community in more detail.

The intention of this packet is to anticipate many of the inquiries you and your daughter may have **BEFORE** your arrival on campus. Please read through all five sections of the packet. There are essential documents you **WILL NEED TO FILL OUT AND RETURN** to **Admissions, Res Life, and International Processing**. **These documents must be returned BEFORE the first day of classes on [August 22, 2023](#).**

If you have any questions, please reach out to us. We are all happy to help!

It is my wish that your daughter will enjoy her time at Woodlands Academy as much in her final year as she is going to in this first academic year! Remember to review the communications notices so you can inquire about her time here. We want families to be a vital part of the process in helping us support your child so that they develop, mature, and blossom to be the best they can be.

Kindest regards,

Angela Robinson, Assistant Director of Admission, Boarding and International

Woodlands Academy of the Sacred Heart

760 East Westleigh Road | Lake Forest, Illinois 60045

E arobinson@woodlandsacademy.org

T 847.234.4300, Ext. 1004 **F** 847.234.4348

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#1 Best Catholic High Schools in Illinois

#1 Best All-Girls High Schools in Illinois



WOODLANDS ACADEMY
OF THE SACRED HEART

— EST. 1858 —

I, (student name) _____, have read and responded to all sections of the **Residence Life Onboarding Packet**.

Date: _____

I, (parent/guardian) _____, have also read all sections of the **Residence Life Onboarding Packet**. Additionally, I have filled out all the required documents and have returned the forms to the appropriate Woodlands Academy departments.

Date: _____

*Please return this signature page to the **Admission Office** – admission@woodlandsacademy.org

Thank you!



Admissions Office

Ms. Angela Robinson, Assistant Director – Boarding and International
arobinson@woodlandsacademy.org // 847.234.4300, Ext. 1004

Mr. Greg Lobe, Director of Admissions
globe@woodlandsacademy.org // 847.234.4300, Ext. 1033

Residence Life

Mrs. Ashley Robles-Robles, Director of Res Life
arobles@woodlandsacademy.org //
Ashley Robles-Robles, direct line - 847-525-8328

Residence Life Office -847.234.4300, Ext. 2352
boardingstaff@woodlandsacademy.org //

Staff Office -847.234.4300, Ext. 2350

International Processing

Ms. Patty Drummond, SEVIS - Designated School Officer
pdrummond@woodlandsacademy.org // 847.234.4300, Ext. 1021

Medical Records

Mrs. Chris Grasenick, School Receptionist// Medical Recorder
cgrasenick@woodlandsacademy.org // 847.234.4300, Ext. 1003



WHY BOARDING?

Boarding schools are a transformative experience, where students can pursue their passions and discover new ones. Learning becomes an exciting endeavor. At Woodlands, our boarders bond and form meaningful relationships. They have an opportunity to live with girls from other cultures, other countries which allows them to see the world with a new set of eyes!

Our weekly activity program is designed to provide girls a chance to explore the North Shore and greater Chicago area and expand their horizons with peers who are equally passionate about discovery.

Boarding students are enveloped in a network of support – from the Residence Life staff, faculty members, advisory mentors, school leaders and their peers – every day and every night. Whether it is assistance with homework, a word of encouragement, or a late-night ping-pong game, our boarders are surrounded by people fully committed to their success!

Our students are prepared inside & outside the classroom. We graduate global citizens ready to face the challenges and opportunities of the most rigorous colleges and universities. But Woodlands Academy's boarding students are equally prepared for the entire university experience, to live independently, to share spaces with roommates, and build communities. Our students matriculate – self-assured and well equipped to begin their next journey, day one.

“I think the Boarding Program's strength are the close connections. We're all familiar with each other in one way or another. ...Everyone is so welcoming. ...The Boarding Program experience has prepared me to be independent. I've learned how to live away from my family and not be so dependent on them. It has helped me learn social skills.”

- **Vicky Nguyen, Class of 2024**



Dear New Families,

Welcome to Woodlands Academy!

We are thrilled to receive your girls this new academic year and welcome them into the Residence Life Program, where we offer our boarding students a nurturing community, they can call home. In living on campus, your daughters will have a unique perspective of being a part of a Sacred Heart community, experience a variety of global perspectives and immerse themselves in extracurricular weekend activities such as the arts performances, sports, and the best that the area offers!

Our Residence Life Team possesses experience in the development of students, excellent communication and interpersonal skills, as well as the ability to work collaboratively with students, families, faculty, and staff. We serve as resources in all aspects of the boarders' lives and offer students care and support when needed. We are a dedicated team who want to be part of your daughters' journey as a boarding student!

The Boarding Program Community

Goal 4 of the Schools of the Sacred Heart commits itself to education; to building a “...**community as a Christian value.**” At the center of a Sacred Heart education are the relationships, the bonds that are created, and nurtured. We are blessed to have a diverse community of young women who are involved in so many of the classes and activities that Woodlands has to offer. And the Residence Life staff is here to help them cultivate and develop into the best they can be! Parents and guardians can help us to achieve this goal by encouraging your students to embrace our efforts in building community. We continue to listen to the students' recommendations for additional ways to meet this goal.

Onboarding Process:

The purpose of this communication is to inform all parents/guardians what will be expected in this new school year and how we will accomplish this together.

During the school year, there are several long weekends and school breaks when the Residence Life Hall is closed. **Please refer to the school calendar for school closure dates on the New Student Resource page.**

<https://www.woodlandsacademy.org/newstudentresources>

You will also need to complete the necessary documents/forms found in the parent portal in **Blackbaud** before the student arrives. Such documents will allow us to collect valuable information, including medical information and consent to treatment form in advance. This information will ensure that your daughter will receive the best

care from our staff.

In closing, thank you for trusting your daughter to our care! It will be our privilege getting to know them.

Sincerely,

Ashley M. Robles,
Director of Residence Life

*To appropriately plan the Friday and Sunday meals and the weekend activity schedule, we need to know when our 5-day boarders will depart and return to campus. Please send an email with the departure date and mode of transportation to: boardingstaff@woodlandsacademy.org by Wednesday evening. Parents may also set a weekly plan for departure and arrival times.



WOODLANDS ACADEMY OF THE SACRED HEART

Important Information for Incoming and Returning Boarders

Residence Life 2023-2024

Please read through the following information that pertains to the moving-in process.

If you have any questions concerning this information, please e-mail
boardingstaff@woodlandsacademy.org.

Recommended Packing List:

Woodlands Academy provides each room with a standard twin-size bed, desk, chair, dresser, closet, and a sink.

Boarders are permitted to bring only one additional piece of furniture, such as an end table or chair of medium size or smaller. Rooms are small and additional furniture can hinder the use of the room or interfere with fire safety.

Please bring any medical forms, passport, visa, Woodland's acceptance letter, etc.

Essential Items:	Suggested Items:	Prohibited Items:
Twin bed linens and sheets	Shower caddy	Candles/wax burners/ incense burners
Comforter	Shower shoes	Mini fridges
Pillows	Room decorations	Space heater
Desk lamp	Extension cord	Microwave
Uniforms	Flashlight	Iron
Non-uniform clothes	Fan	Rice cooker
Winter clothes (coats, boots, scarves, hats, etc.)	Reusable plates, cups, bowls, silverware	Hot plate
Toiletries	Hair dryer	Matches/lighters
Towels	Swimsuit	Vapes/Cigarettes/Marijuana
Wastebasket		Drugs
Schoolbag		Alcohol

School supplies		Pets of any kind
Laundry detergent		Ceiling decorations
Laundry basket/bag		Clamp-on lights
Shoes (gym shoes, dress shoes, shower shoes)		
Hangers		
Reusable water bottle		
Dress clothes (business casual, dresses for in school services)		

Rooms

Students' rooms are furnished with beds, desks, dressers, window blinds, and closets. Students will need to purchase for their room:

- wastebasket
- desk lamp
- bed linens and bath towels
- blankets and pillows
- hangers
- laundry basket and laundry supplies (detergent, dryer sheets, etc.)

Amenities:

- | | |
|-----------------------------|---------------------------------------|
| • Study rooms | • Air Conditioning/ Heat |
| • Exercise/ meditation room | • Housekeeping/ maintenance – repairs |
| • Arts & Crafts room | • Mail services |
| • Game room | • Wifi |
| • Entertainment room | • 24/7 Security |
| • Laundry facilities | • Handcut Foods |
| • Kitchen | |

Each floor has communal all-gender bathrooms, which are shared by all the occupants on the floor. However, each of the rooms are furnished with a private sink.

Academic monitoring

Study halls will be in the library, where all girls work on their assignments, projects, and any other academic responsibility they may have. In this space it is encouraged that girls don't use electronic devices such as cell phones, for the benefit of concentration. Additionally, grades will be monitored to ensure that we are giving the girls the environment and tools to thrive in school. After the first quarter, we will evaluate their grades and decide if she could be excused from the mandatory study hall and can use that time for any other activity, she would like to partake in.

Programs:

During the week we prepare activities and programs for your girls to participate, including Target Tuesday's, Study Hall Monday and Wednesdays, Trips to museums, sports events, Shopping Centers and towns near Lake Forest.

Uniforms:

Woodlands Academy uses **Dennis Uniforms** as the vendor to supply uniform pieces. Below please find a link to the uniform list as well as Dennis uniform site. Uniform expectations and dress code will be covered in orientation as well as in the first weeks of school. You may purchase uniforms prior to Student Orientation. **Uniforms are required during the school day.** *Questions?* Please contact Dean of Students [Brigitte Kusevskis](#)

Please check out this [Welcome Kit](#) as your go-to guide for all things **DENNIS**.

Upcoming School Breaks:

Boarders are not permitted to stay in the residence hall during breaks and should plan to stay with a local guardian/relative prior to the start of the academic year. Parents/guardians of international students **are required** to prepare vacation arrangements for their students prior to arriving in the US.

Thanksgiving Break- The residence hall will close for one week, on Friday, November 17, 2023, at 5:00pm CST and will reopen on Sunday, November 26, 2023, at 12:00pm CST.

Christmas Break- The residence hall will close for two weeks, on Friday, December 19, 2023, at 5:00 pm CST and will reopen on Wednesday, January 3, 2024, at 12:00 pm CST.

Spring Break- The residence hall will close for two weeks, on Friday, March 22, 2024, at 5:00 pm CST and reopen on Sunday, April 7, 2024, at 12:00 pm CST.

Though classes are not in session, the residence hall will remain open the following holidays:

**Labor Day (September 5),
Fall Break (October 10),
Martin Luther King Jr. Day (January 16),
Winter Break (February 17-20), and
Memorial Day (May 29).**

End of the Academic year- 9th, 10th, and 11th grades; mandatory attendance at Honors Assembly. Travel Day

End of the Academic year- Senior, 12th grade; mandatory attendance at Honors Assembly June 4 and Graduation, Wednesday, June 5, 2024.

Airport

Woodlands Academy shuttle transports students to and from O'Hare airport (not Midway or Milwaukee Airport) for no charge on scheduled arrival and departure dates as listed in the school calendar. Parents are strongly encouraged to book flights in compliance with those dates. Students are expected to provide copies of their travel arrangements to the Director of Residence Life in sufficient time to plan transportation.

Students needing transportation during non-scheduled arrival or departure dates, or transportation to an airport other than O'Hare, may hire a taxi, or they may request a Residence Life staff member to drive them, and a \$35 fee will be assessed.

Direct communications will be established with a Woodlands Academy Res Life staff member and the student/family on a regular basis to determine a schedule pick up. The Resident Life coordinator will be waiting for the student in front of the terminal exit, with a Name Sign, in English.

Communications:

To share information, grant permissions, plan an excused absence, or to have a visitor stay in the dormitory, please contact the on-duty Residence Life staff member. You can phone one of our on-duty phone numbers to speak with a residence life coordinator.

Heidi Krakoski on duty phone: (847) 516-1147

Lizzie Lotterer on duty phone: (224) 507-8970

Katie Ende on duty phone: (224) 551-8929

To speak to the Director of Residence Life program, please dial her **direct line:**

Ashley Robles-Robles: 847-525-8328

New boarders will receive information about summer storage in the Spring. If shipping items to the school, please address it as in example, below:

First Name Last Name
Woodlands Academy of the Sacred Heart
760 E Westleigh Rd Lake Forest, IL 60045

Religious affiliation:

If attending religious services, seven-day boarders can attend those services on the weekend. Boarders should discuss whether they want to attend any religious services or not with their families. Please know that Woodlands Academy does not require students to attend.

Students are invited to coordinate transportation to local religious services with the Resident Life staff.

Medication:

Residence Life staff will collect all medication, prescription and non-prescription from students during the Move-in process. Medications must be in their original bottle and staff will dispense exactly as written on the bottle. Boarders are not permitted to have any medication in their room, including over-the-counter medication such as Tylenol or ibuprofen.

If a boarder arrives at school with medication, we will collect it and store it in the office, which they can access later when feeling ill.

Five-day boarders should ensure there is enough medication in the original bottle to last for the 5-day week. We can send medication home on the weekend unless families have extra medication at home already.

Parents/guardians must complete a medication form to indicate which over-the-counter medication their boarder is allowed to take. This form can be found on the school's website and in the required registration forms found in Blackbaud.

COVID 19 PROTOCOL

Woodlands Academy of the Sacred Heart considers the health and well-being of our students and staff a priority. If we have a positive case of COVID-19 in the Boarding Program. We will follow Centers for Disease Control and Prevention (CDC) recommendations to help ensure that the person diagnosed with COVID-19 follows instructions for isolation and remains away from others until they can safely return to the school setting. Once diagnosed, this person will be put into isolation. We will also continue to clean and disinfect all areas of the school and maintain our enhanced ventilation.

If a boarding staff or student tested positive for COVID-19, The Boarding Staff will monitor your child and they will be placed in isolation:

- The parent/guardian will be contacted to plan for the student's departure from the program. If this is not a possibility, she will be isolated in the dorms until her quarantine period is over. She will be provided with breakfast, lunch and dinner.
- Follow [testing](#) and [isolation](#) instructions described here [CDC Isolation Guidance](#)
- The school will notify Lake County Health Department, and close contact tracing will begin.

We will continue to provide regular updates, as needed and appropriate, and will provide prompt notification of any COVID-19 or other health-related concerns that require your attention. We encourage you to contact us with questions and concerns. Please call us at 847-525-8328 or email arobles@woodlandsacademy.org

Sincerely,

Ashley M. Robles-Robles,
Director of Residence Life



Parents,

I want to introduce you to Ms. Patty Drummond. From now on, she will be your primary point of contact regarding your international documents. Please keep Mr. Greg Lobe and me in the cc section of all emails so we all stay in the loop.

Once an international student is admitted and we have a copy of the signed contract and tuition deposit, the student's record is moved into the Academic side of Blackbaud.

The international families should attempt to schedule their Visa appointment with the Embassy or Consulate as soon as they receive their Acceptance letters because this can often require a great deal of time to arrange.

Ms. Drummond, the SEVIS -Designated School Official - will reach out to the families and ask for bank statements showing proof of sufficient funds to cover the cost of the tuition and other fees owed. They will also need to submit a copy of their passport to Ms. Drummond.

When Woodlands Academy receives these documents, Ms. Drummond, the DSO, will issue the I-20 document along with instructions. The student then takes the I-20 and SEVIS fee receipt to the Visa appointment.

Ms. Drummond also publishes the registration forms to the parents'/family's Blackbaud accounts where you can also fill them out, online. The online forms should prompt you to the medical info we need. We do provide insurance for international students. Please reach out to Mrs. Chris Grasenick and Mrs. Ashley Robles-Robles regarding insurance. **Woodlands Academy will also require your daughter's most current transcript and birth certificate, prior to her arrival. Please note that Woodlands Academy does not provide translation services.**

****Students will need to travel with their documentation: their Visa, passport, SEVIS receipt and we suggest carrying your Acceptance letter, as well.***

Kindest regards,

Angela Robinson, Assistant Director of Admission, Boarding and International **Woodlands Academy of the Sacred Heart**

760 East Westleigh Road | Lake Forest, Illinois 60045

E arobinson@woodlandsacademy.org

T 847.234.4300, Ext. 1004 **F** 847.234.4348



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	
Street				City		Zip Code	
				Work			

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.

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										Comments: * indicates invalid dose								
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

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.

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.

*MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.

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.

Date of Disease

Signature

Title

3. Laboratory Evidence of Immunity (check one) ☐Measles* ☐Mumps ☐Rubella ☐Varicella Attach copy of lab result.**

*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.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
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.

11/2015

(COMPLETE BOTH SIDES)

Printed by Authority of the State of Illinois

Last			First			Middle			Birth Date Month/Day/ Year			Sex		School			Grade Level/ ID		
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER																			
ALLERGIES (Food, drug, insect, other)			Yes No		List:			MEDICATION (Prescribed or taken on a regular basis.)			Yes No		List:						
Diagnosis of asthma? Child wakes during night coughing?			Yes No		Yes No			Loss of function of one of paired organs? (eye/ear/kidney/testicle)			Yes No		Yes No						
Birth defects?			Yes No		Yes No			Hospitalizations? When? What for?			Yes No		Yes No						
Developmental delay?			Yes No		Yes No			Surgery? (List all.) When? What for?			Yes No		Yes No						
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.			Yes No		Yes No			Serious injury or illness?			Yes No		Yes No						
Diabetes?			Yes No		Yes No			TB skin test positive (past/present)?			Yes* No		Yes* No			*If yes, refer to local health department.			
Head injury/Concussion/Passed out?			Yes No		Yes No			TB disease (past or present)?			Yes* No		Yes* No						
Seizures? What are they like?			Yes No		Yes No			Tobacco use (type, frequency)?			Yes No		Yes No						
Heart problem/Shortness of breath?			Yes No		Yes No			Alcohol/Drug use?			Yes No		Yes No						
Heart murmur/High blood pressure?			Yes No		Yes No			Family history of sudden death before age 50? (Cause?)			Yes No		Yes No						
Dizziness or chest pain with exercise?			Yes No		Yes No			Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other											
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)																			
Ear/Hearing problems?			Yes No		Yes No			Information may be shared with appropriate personnel for health and educational purposes.											
Bone/Joint problem/injury/scoliosis?			Yes No		Yes No			Parent/Guardian Signature						Date					
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA																			
HEAD CIRCUMFERENCE if < 2-3 years old						HEIGHT		WEIGHT		BMI		BMI PERCENTILE		B/P					
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMD>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>																			
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 <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 . No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> 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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>																			
Print Name						(MD,DO, APN, PA) Signature						Date							
Address						Phone													



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

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

To be completed by dentist:

Oral Health Status {check all that apply}

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** - A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries** - At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** - abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** - amalgams, composites, crowns, etc.

☐ **Preventive Care** - sealants, fluoride treatment, prophylaxis

☐ **Other-** periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street City ZIP Code

Telephone _____



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.)	D	D	D	
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	D	<input type="checkbox"/>	
Pupillary reflex (pupils)	<input type="checkbox"/>	D	<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

D Normal ☐ Myopia D Hyperopia ☐ Astigmatism D Strabismus D Amblyopia



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 _____

Consent of Parent or Guardian

I agree to release the above information on my child
or ward to appropriate school or health authorities.

(Parent or Guardian's Signature)

(Date)

Signature _____ Date _____

(Source: Amended at 32 Ill. Reg. — — — effective _____,

WOODLANDS ACADEMY

MANDATORY PRESCRIPTION AND OTC MEDICATION AUTHORIZATION FORM

- Student: _____ Date of Birth: _____
- Parent/Guardian: _____
- Diagnosis requiring medication: _____
- Name of medication : _____
- Route of administration: ___ Oral ___ MDI ___ Injection ___ Other
- Instructions (Times and dosage to be given at school) _____
- START: _____ Date form received _____ Other STOP: _____ End of school year _____ Other
- Intended effect of medication: _____
- Side effects of medication for which the student must be observed: _____

The student, **supervised by a school employee**, may self-administer his/her medication. The student must state his/her name, the name of the medication, and the dosage. The employee must verify this with the original container and the doctor's order. The Woodlands employee must observe the student measure and take the required dosage.

Physician's Signature: _____

Physician's Printed Name : _____

Telephone: _____ Date: _____

PARENTAL REQUEST FOR DISPENSING MEDICATION AT SCHOOL

• I confirm that I am primarily responsible for administering prescribed/OTC medication to my child. However, in the event that I am unable to do so or in case of a medical emergency, I hereby authorize Woodlands Academy and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and representatives of Woodlands Academy), lawfully prescribed/OTC medication in the manner described above. **I acknowledge that it is necessary for the administration of medications to my child to be performed by a representative of the school, and specifically consent to such practices.**

• I further acknowledge and agree that, when the lawfully prescribed/OTC medication is so administered or attempted to be administered, I waive any claims I might have against Woodlands Academy, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Woodlands Academy, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

• I agree to provide the medication in an appropriately labeled pharmacy container or original OTC packaging.

(Permission for Tylenol, Ibuprofen or its generic forms need a signature on this form to dispense.)

Signature of Parent/Guardian: _____ Date of signature: _____



WOODLANDS ACADEMY

OF THE SACRED HEART

Consent for Medical/Surgical Care/Emergency Treatment and Student's Medical Information

In presenting my student for diagnosis and treatment

Name: _____ for _____

☐ Parent(s)

☐ Guardian(s)

Student's Name

of _____ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my *child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to Woodlands Academy of the Sacred Heart

who will be caring for our (my) student _____

Student's Name

while residing in the Woodlands Academy residence hall during the _____ academic year (between the dates August __, 202_ to June __, 202_) to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all charges in connection with care and treatment rendered during this period.

Parent(s)/guardian(s) name: _____ Student's date of birth: _____

Parent(s)/guardian(s) address: _____ Student's allergies, if any: _____

Student's medical conditions, if any: _____

Parent(s)/guardian(s) telephone no.: _____ Medicines student is taking, if any: _____

Signature: _____ Date: _____

Parent(s)/Guardian(s)

Witness: _____ Date: _____

In case of emergency I can be reached at: _____

*The "child" will therefore be known as student in the remainder of this document



WOODLANDS ACADEMY

OF THE SACRED HEART

2023-2024 Permission to Transport for Medical Treatment

By signing this form, I give permission for my daughter to be transported by emergency personnel for the purpose of receiving medical treatment.

Name (please print):

Signature:



Subject: required papers Woodlands Academy

Hello,

1. Please log into your Blackbaud account (same account that you signed contract in) and fill out forms. You will see the link to forms at the top of the screen when you log in.
2. **Please fill out the forms added to this packet. They will need to be returned prior to arriving at Woodlands Academy. You can scan them and email them back to me and Angela Robinson.**

***Please contact Chris Grasenick or Patty Drummond if you have any questions. We cannot allow a student to live at the school without having this important medical information on file.**

3. Here also, is a link to the school uniform supplier:

<https://www.dennisuniform.com/collections/gjrgv/grade-9,gender-Girls>

The required items are noted. Please purchase the required items and have them shipped directly to the school. They will be held in the Mailroom for your student.

Let us know if you have any questions. We're looking forward to meeting you!

Respectfully,

Ms. Patty Drummond,
International Processing,
SEVIS Designated School Official



Woodlands Academy Student Device Recommendations 2023-2024

The integration of digital technology continues to have a transformative effect on learning both in and out of the classroom. Ensuring your daughter has an adequate device is very important and requires consideration of many factors: price, battery life, processing speed, RAM size, hard drive size, and software requirements. Below is a list of recommendations and ideas for the power and type of device students are expected to bring to school.

Minimum Recommended Specifications – Windows Tablet Computer

- **Operating System:** Windows 10
- **Processor:** Intel i3 (or equivalent)
- **Hard Drive:** 128 GB SSD
- **RAM:** 4GB (8GB is preferred)
- **Battery:** 6 hours of battery life
- **Screen:** 10” or larger
- **Wireless Connectivity:** Wi-Fi and Bluetooth capable
- **Touch Screen:** Pen or Stylus input is preferred for note taking purposes

Tablet computer hybrids are preferred as they support all software that may be required at all levels. Additionally, these devices offer students the flexibility to take notes, sketch, and annotate directly on their device while maintaining the full functionality of a laptop computer. Some examples of devices that meet the recommended minimum specifications include: Microsoft Surface devices, Lenovo Yoga/IdeaPad/ThinkPad models, and ASUS Transformer products.

Apple Devices are Not Recommended

Apple does not currently offer a product that fits into the tablet computer hybrid market, so Apple devices (iPads and Mac laptops) are not recommended at this time.

Chromebooks are Not Recommended

Chromebooks are very popular as reliable, less expensive alternatives, but they are NOT acceptable as there are productivity and compatibility issues, especially when offline.

Questions?

If you have any questions, concerns, or require clarification about this policy please contact Elliot Coffey our Director of Technology: ecoffey@woodlandsacademy.org.

DOMESTIC WIRE TRANSFER INSTRUCTIONS



F or customers of
Lake Forest Bank & Trust.

The following information should be given for Domestic Wire Transfers:

Wire funds to:

Lake Forest Bank & Trust

727 North Bank Lane
Lake Forest, IL 60045

ABA#: 071925334

Beneficiary Account Name: Woolands Academy

Beneficiary Account Number: 0 0 0 0 0 4 5 7 5 6

For any questions please call the Lake Forest Bank & Trust Wire Department at 877-271-0559 or email wires@wintrust.com

(Please note that Lake Forest Bank & Trust is a wholly owned subsidiary of Wintrust Financial Corp.)



INTERNATIONAL US DOLLAR WIRE TRANSFER INSTRUCTIONS



F or customers of
Lake Forest Bank and Trust

The following information should be given for International Wire Transfers in US Dollars:

Wire funds to:

Lake Forest Bank and Trust

727 North Bank Lane
Lake Forest, IL 60045

SWIFT Code: WTRFCUS44

ABA#: 071925334

Beneficiary Account Name: Woolands Academy

Beneficiary Account Number: 0 0 0 0 0 4 5 7 5 6

For any questions please call the Lake Forest Bank and Trust Wire Department at 877-271-0559 or email wires@wintrust.com

(Please note that Lake Forest Bank and Trust is a wholly owned subsidiary of Wintrust Financial Corp.)

For incoming payments in a foreign currency, please contact our Wintrust International Services group for FX payment instructions at internationalservices@wintrust.com and indicate the currency type.

HANDCUT FOODS

K–12 Schools | Universities | Businesses

HandCut Foods was founded in 2014 with the mission to elevate contract foodservice through from-scratch cooking, responsible sourcing, and community-driven programming. As a young, local company, we give our partners unequalled access to and support from our executive team. We have the unique ability, compared to national and larger foodservice providers, to develop innovative, completely custom programs that reflect the community's values, service requirements, and educational goals.

In 2017, we officially launched our catering division, ChefField Events, to provide our clients with specialized support for events, meetings, and conferences.

OUR APPROACH



From Scratch

- Classic cooking techniques
- Total control over flavor, appearance, and nutrition
- Allergen management
- Chefs on site to answer questions
- Fresh, not frozen



Responsibly Sourced

- Whole, fresh ingredients
- Focus on seasonality
- Relationships with local farmers and producers
- Minimized packaging and transport
- Ecofriendly cleaning supplies and serviceware
- Green and sustainable



Community-Driven

- Dynamic and responsive programming
- Feedback-based innovation
- Menus tailored to audience
- Engagement programs and curriculum tie-ins
- Partnerships with local organizations

OUR PARTNERS

HandCut Foods was founded alongside three partner companies equally devoted to building healthier and more sustainable food practices: Local Foods, MightyVine, and Butcher & Larder. We operate out of the same “local food hub”—a 30,000-square-foot, state-of-the-art facility designed and built in 2014. Together, we impact every stage of the food system, from growing to distribution to production to service and education. As a partner with Local Foods, MightyVine, and Butcher & Larder, HandCut Foods and our clients have unparalleled access to the best products—and food experts—the Midwest has to offer.

ChefField Events, the most recent addition to the family of companies, is our full-service catering division for businesses, special events, and production companies (Live Nation and React Presents). The ChefField team provides exclusive support to our contract foodservice partners during special events.



Local Foods is a wholesale distribution center and retail grocery selling sustainably and ethically grown foods sourced within a 300-mile radius of Chicago. Local Foods’ products can be traced back to specific Midwestern farms. They are one of HandCut Foods’ primary distributors.

MightyVine™

MightyVine is Chicagoland’s largest glasshouse tomato producer. Their hydroponic process includes drip irrigation, using only 10% of the water needed by field-grown tomatoes and eliminating the runoff of fertilizers into surrounding waterways.



Butcher & Larder is Chicago’s first whole-animal butchery with a robust charcuterie program. They source all of their meat from local ranchers and farmers who adhere to ethical practices.



ChefField Events is committed to responsible sourcing, authentic cooking, and superb hospitality—with an added focus on event coordination and logistics. Whether they’re planning an office breakfast, an annual fundraiser, a baby shower, or a wedding, ChefField’s consultants and chefs handle every detail with the utmost care.

OUR COMMISSARY



Our goal is to serve our handmade food as close to the time it was prepared as possible. We are always excited to partner with schools and businesses that have full kitchens where we can set up shop and cook on site daily.

For schools that need additional support for daily production or special events, we are proud to make use of our custom-built, 5,000-square-foot commissary kitchen (we call it “Base Camp”) in Chicago’s Bucktown neighborhood. Customers and partners are always welcome to stop by for a tasting or to see our chefs in action.

OUR PEOPLE

Our people are the key to our success. The HandCut Foods team holds a wealth of experience spanning fine dining, hotel management, corporate food service, event planning, food manufacturing, dietetics, education, and communications.

We invest in our employees, spending time to develop their technical skills, creativity, and overarching passion for responsible food.



LUNCH MENU

CHEF SPECIALS

MONDAY

Alfredo w/Chicken

w/Bow Tie Pasta, Roasted Vegetable Medley,
Garlic Bread & Parmesan Cheese (E,G,M,W)

Vegetarian Option: Bow-tie w/Alfredo (sauce
only) (G,M,S)

TUESDAY

Tacos w/ Chicken *or* Steak

w/Black Beans, Shredded Cabbage, Cilantro,
Onion, Sour Cream & Salsa (G,M)

Vegetarian Option: Black Bean Tacos (G,M,S)

WEDNESDAY

Pot Pie w/ Turkey

w/ Sauteed Green Beans & Puff Pastry (E,G,M,W)

Vegetarian Option: Pot Pie w/Butternut Squash
(E,G,W)

THURSDAY

Torta w/Chicken Milanese *or* Chorizo

w/Black Beans, Tomatoes, Cheese, Onions,
Guacamole Spread & Guajillo Salsa (G,M,W)

Vegetarian Option: Plant-Based Sausage
(G,M,W)

FRIDAY

Loaded Chili w/Beef

w/Cheese, Green Onion, Avocado, Egg, Cabbage,
Sour Cream & Tortilla Chips (E,G,M)

Vegetarian Option: Plant-Based Sausage (G,M,W)

SOUP

Soup option rotates weekly

Tomato Basil Cream

w/Fresh Tomato, Cream
& Basil (M)

Chicken Noodle Soup

w/Shredded Chicken, Celery,
Onion & Carrot

AVAILABLE DAILY (M-F)

MARKET GREENS SALAD

Mixed Greens, Mighty Vine Tomatoes, Shaved
Carrots, Cucumbers & Herb Vinaigrette
w/Chicken *or* Tofu (S)

CHEESE PIZZA

Shredded Mozzarella Cheese, Housemade
Tomato Basil Sauce, & Roasted Broccoli on
the side (G,M,W)

SANDWICHES

*Meal includes: Quinoa Salad (Contains Corn, Chickpeas),
Chips & Whole Fruit.*

Ham, Bacon & Pear Panini

w/Tavern Ham, Bacon, Pear, Blue Cheese, Lettuce &
Honey Mustard (G,M,P,W)

Grilled Veggie Wrap

w/Hummus, Grilled Bell Peppers, Grilled Zucchini,
Onions & Mixed Greens (G,W - Contains Chickpeas)

Chicken Caprese Sandwich

w/Grilled Chicken, Fresh Mozzarella, Basil, Tomato,
Pesto Sauce & Balsamic Glaze
(G,M,W - Contains Pepita Seeds)

PIZZA

Pizza option rotates Daily

Roasted Vegetable

w/Assorted Bell Peppers, Onion, Spinach,
Mushroom, Marinara & Mozzarella (G,M,W)

Meat Lover's

w/Sausage, Pepperoni, Parmesan, Marinara &
Oregano (G,M,W)

Spring Harvest

w/Grape Tomatoes, Grilled Asparagus, Artichokes,
Feta Cheese & Extra Virgin Olive Oil. (G,M,W)

Contains: Chickpeas, Pepita Seeds, & Sunflower Seeds.



*Allergen Labeling Key:

Egg, Gluten, Milk, Pork, Soy, Sesame, Wheat