

Manhattan School District 114

"Where We Succeed Together"

DISTRICT OFFICE

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Mission Statement.....

The Staff, Administration
and Board of Education of
Manhattan District 114
are committed to
promoting excellence in
student achievement
and student behavior
enabling children to
become successful
life long learners.

Dear Parent/Guardian:

Your son or daughter has chosen to participate in the following activity for the 2016/2017 school year: _____ . The Manhattan Board of Education has found it necessary to assess an activity fee for all students participating in an extra-curricular activity during this school year. A \$40.00* fee will be assessed for each activity a student participates in. However, the Board of Education has stipulated that no student will be charged more than *80.00 and no family will be charged more than \$160.00* regardless of how many activities their child(ren) participate in. Fees must be paid within the first two weeks that the activity begins. Failure to pay the required fee will deny the student(s) the ability to participate in practice and/or contests until payment is received.

Manhattan School District 114 Board policy reads, "Students participating in athletics and cheerleading must have school accident insurance unless the parents/guardians state in writing that the student is covered under a family health insurance plan". The School Board annually designates a company to offer student accident insurance coverage. The Board does not endorse the plan nor recommend that parents/guardians secure the coverage and any contact is between the parents/guardians and the company. Please see the form below to check-off whether you want school accident insurance or already have the student covered under a family health insurance plan.

Please complete and return the bottom portion of this letter to your child's coach or sponsor as soon as possible. Please enclose your check payable to Manhattan School District 114 or you can pay online through Home Logic.

Respectfully,

Russell A. Ragon
Superintendent

*Fees may be waived for students who qualify due to low income status. Waiver forms are available in each school office. Each family will be asked to provide information regarding income. This information will be kept confidential.

Date: _____

Student Name: _____

Grade: _____

Activity: _____

Please enclose \$40.00 activity fee or pay online in Home Logic. Check made payable to Manhattan School District 114.

Please check below, your child's status concerning accident insurance.

_____ My child is covered by our family health insurance plan

_____ My child is in need of school accident insurance

Parent/Guardian Signature