



Dear Parents,

We are very excited that you have chosen to apply for admission to St. Isaac Jogues School. We are looking forward to educating your child and building the strong foundation for success in their future.

Please provide us with the information below to complete your registration:

1. Completed Registration form (on the following page)
2. A copy of your child's birth certificate
3. A copy of your child's baptismal certificate (including children baptized at St. Isaac's.)
4. A copy of your child's most recent report card (Grades 1-8)
5. A copy of your child's most recent standardized test results (Grades 4-8)
6. Any IEP/ISP paperwork (Grades K-8)
7. A non-refundable \$300 registration fee is required. This fee will be applied to your 2021-2022 school tuition..

All necessary registration materials can be mailed to the school or dropped off at the school office. Beginning January 5th, our school office hours are 7:30 a.m. until 3:30 p.m. (when school is in session.) Current St. Isaac's school families and new family registration forms with registration fees that are received by February 5th will be given priority registration. Student registrations will be accepted according to our current Admission Policies outlined on our school's website. After February 5th, student registrations will be accepted as we receive them. Families will receive confirmation of their acceptance by February 19, 2021.

If you have any further questions or would like a tour of the school, please feel free to contact our Vice Principal, Ms. Diane Sullivan at dsullivan@sijsschool.org or at (630) 323-3244 ext. 238. We welcome you into a very special parish/school community. Thank you for choosing St. Isaac Jogues Catholic School.

Sincerely,

Mrs. Carol Burlinski
Principal



JOLIET DIOCESAN SCHOOL SYSTEM
Student Information Sheet

SCHOOL St. Isaac Jogues CITY Hinsdale COUNTY DuPage

1. STUDENT INFORMATION:

FAMILY E-MAIL ADDRESS: _____

NAME _____ SEX: M ___ F ___
LEGAL LAST NAME FIRST MIDDLE

ENTRANCE DATE _____ GRADE: _____
MONTH/DAY/YEAR

(Circle one):

KINDERGARTEN
 3 YEAR-OLD PRESCHOOL: MORNING AFTERNOON
 4 YEAR-OLD PRESCHOOL: MORNING AFTERNOON

RELIGION _____

FROM _____ CITY _____ STATE _____
NAME OF SCHOOL

BIRTHDATE _____ BIRTHPLACE _____ STATE _____
MONTH/DAY/YEAR CITY

ADDRESS _____ CITY _____ ZIP _____ PHONE () _____

WHAT PUBLIC SCHOOL WOULD YOU ATTEND? _____ DISTRICT # _____

HOME SITUATION: (CIRCLE THE NUMBER OF THE SITUATION THAT APPLIES)

- | | |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. LIVING WITH BOTH PARENTS. | 7. PARENTS DIVORCED; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE) |
| 2. LIVING WITH SINGLE MOTHER/FATHER. (CIRCLE ONE) | 8. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) |
| 3. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER (CIRCLE ONE) | 9. LIVING WITH GUARDIANS WHO ARE RELATIVES. |
| 4. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) | 10. OTHER _____ |
| 5. PARENTS SEPERATED; LIVING WITH MOTHER. | |
| 6. PARENTS SEPERATED; LIVING WITH FATHER. | |

2. FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ RELIGION _____
LEGAL LAST NAME FIRST MIDDLE PARISH

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD MD JD
CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

EMPLOYER _____ OCCUPATION _____ POSITION _____

3. MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____
LEGAL LAST NAME FIRST MIDDLE

RELIGION _____ PARISH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD, MD, JD
CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

EMPLOYER _____ OCCUPATION _____ POSITION _____

NAME OF CHILD _____

SACRAMENTS

BAPTISM:

Date _____ Church _____

City _____ State _____

RECONCILIATION:

Date _____ Church _____

City _____ State _____

HOLY EUCHARIST:

Date _____ Church _____

City _____ State _____

CONFIRMATION:

Date _____ Church _____

City _____ State _____

<u>OTHER SCHOOL(S) ATTENDED</u>	<u>CITY & STATE</u>	<u>GRADES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Person Completing Form _____
Date

RACE AND ETHNICITY *Information is used by the State of Illinois and the National Catholic Educational Association for statistical use only.*

- ___ ASIAN
- ___ BLACK/AFRICAN AMERICAN
- ___ HISPANIC/LATINO
- ___ AMERICAN INDIAN or ALASKA NATIVE
- ___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ___ WHITE/CAUCASIAN

OFFICE USE ONLY

Deposit Amount _____ **Check #** _____ **Date** _____

Withdrew: _____

Transferred to: _____
Name of School *City* *State*

Graduation: _____