



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. Issac'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 per family 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. Our school office hours are 7:30 a.m. until 3:30 p.m. (when school is in session.) Student registrations will be accepted as we receive them. Families will receive an email confirmation of their acceptance within two weeks of applying.

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@sijschool.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 KINDERGARTEN

RELIGION _____
3 YEAR-OLD PRESCHOOL: MORNING AFTERNOON
4 YEAR-OLD PRESCHOOL: MORNING AFTERNOON

FROM _____ CITY _____ STATE _____
NAME OF SCHOOL
BIRTHDATE _____ BIRTHPLACE _____
MONTH/DAY/YEAR CITY STATE

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 _____
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 _____

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 _____

OTHER SCHOOL(S) ATTENDED

CITY & STATE

GRADES

<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: _____