



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 per family registration fee is required. This fee will be applied to your 2022-2023 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 with priority given to current St. Isaac's school families and parishioners. 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@sijsschool.org](mailto: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,

A handwritten signature in cursive script that reads "Carol Burlinski".

Mrs. Carol Burlinski  
Principal

**St. Isaac Jogues School**  
**421 South Clay Street, Hinsdale, Illinois 60521**



JOLIET DIOCESAN SCHOOL SYSTEM
Student Information Sheet

SCHOOL St. Isaac Jogues CITY Hinsdale COUNTY DuPage

1. STUDENT INFORMATION:

FAMILY E-MAIL ADDRESS:

NAME LEGAL LAST NAME FIRST MIDDLE SEX: M F

ENTRANCE DATE MONTH/DAY/YEAR GRADE: (Circle one): KINDERGARTEN

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

FROM NAME OF SCHOOL CITY STATE

BIRTHDATE MONTH/DAY/YEAR BIRTHPLACE 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.
2. LIVING WITH SINGLE MOTHER/FATHER. (CIRCLE ONE)
3. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE)
4. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE)
5. PARENTS SEPERATED; LIVING WITH MOTHER.
6. PARENTS SEPERATED; LIVING WITH FATHER.
7. PARENTS DIVORCED; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE)
8. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE)
9. LIVING WITH GUARDIANS WHO ARE RELATIVES.
10. OTHER

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 CITY STATE EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD MD JD (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 CITY STATE EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD, MD, JD (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 &amp; 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

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**OFFICE USE ONLY**

**Deposit Amount** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Withdrew:** \_\_\_\_\_

**Transferred to:** \_\_\_\_\_  
Name of School City State

**Graduation:** \_\_\_\_\_