



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: _____ **(Circle one):**
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 _____ 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 _____

PLEASE COMPLETE SIDE 2 →

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: _____