



JOLIET DIOCESAN SCHOOL SYSTEM
Student Information Sheet

SCHOOL St. James the Apostle CITY Glen Ellyn COUNTY DuPage

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

ENROLLMENT DATE AUGUST 2020 GRADE _____
MONTH/DAY/YEAR

FROM _____ CITY _____ STATE _____
NAME OF SCHOOL

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

ADDRESS _____ CITY _____ ZIP _____ PHONE () _____

WHAT PUBLIC SCHOOL **WOULD** YOU ATTEND? _____ DISTRICT # _____

HOW MANY MILES DO YOU LIVE FROM THE CATHOLIC SCHOOL? _____

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. | |

IF #5 THROUGH #10 IS CIRCLED: WHO HAS CUSTODIAL RIGHTS?

FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ E-Mail _____
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
CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)

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

EMPLOYER _____ OCCUPATION _____ POSITION _____

MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ E-mail: _____
LEGAL LAST NAME FIRST MIDDLE MAIDEN NAME

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
CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)

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

EMPLOYER _____ OCCUPATION _____ POSITION _____

NAME OF CHILD _____

*Please list any other children living at home (including ages):

*Is your child receiving any outside services (ex. Speech, O.T., etc.)? Yes or No

Please list: _____

*Does your child have an established IEP or ISP Plan? Yes or No

Please indicate the racial classification of your child: *(This information is requested by the State of Illinois, the Diocese of Joliet, and the National Catholic Education Association and is used for statistical purposes only.)*

Ethnicity:

- _____ Hispanic
- _____ Non- Hispanic

Race:

- _____ Asian
- _____ Black
- _____ White
- _____ American Indian or Alaskan Native
- _____ Native Hawaiian/ Pacific Islander
- _____ Two or more races

Religion:

- _____ Catholic
- _____ Non- Catholic

SACRAMENT INFORMATION:

Date

Church

City & State

| | <u>Date</u> | <u>Church</u> | <u>City & State</u> |
|------------------------|-------------|---------------|-------------------------|
| BAPTISM: | | | |
| RECONCILIATION: | | | |
| HOLY EUCHARIST: | | | |
| CONFIRMATION: | | | |

Other School(s) attended:

City & State

Grade(s)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature of Person Completing Form

Date

Printed Name of Person Completing Form