



**TRINITY EVANGELICAL  
LUTHERAN CHURCH  
AND SCHOOL**  
CROWN POINT, INDIANA

Rev. David Easterday, Senior Pastor  
Rev. David Kipp, Associate Pastor  
John Schultz, School Principal  
Karol Ketcher, Music Director  
Paul Wendt, Director of Christian Education  
Brandon Grelle, Director of Contemporary Worship & Youth  
Susan Magruder, Development Director & Business Manager

**2011-2012 ENROLLMENT FORM: Preschool – 8<sup>TH</sup> grades**

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ BAPTIZED? YES or NO \_\_\_\_\_ Date Baptized \_\_\_\_\_

ETHNIC ORIGIN: American Indian \_\_\_ Asian \_\_\_ African American \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Other \_\_\_\_\_

CHURCH LOCATION: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

\_\_\_\_\_ I am re-enrolling my child for the 2011-2012 school year. ENTERING GRADE: \_\_\_\_\_

**NEW STUDENTS: (Preschool students:** Placement will be determined by birthday and teacher recommendation. Please "X" the class you are requesting.)

\_\_\_\_\_ **Junior Preschool** (meets Tues & Thurs 8:15 a.m. – 11:00 a.m.) Should be 3 by August 1, 2011 and potty trained

\_\_\_\_\_ **Pre-Kindergarten** (meets Mon., Wed., & Friday 8:00 a.m. – 11:00 a.m.) Should be 4 by August 1, 2011

\_\_\_\_\_ **Pre-K 5** (meets Monday – Friday 12:00 p.m. – 3:00 p.m.) Should be 4 by August 1, 2011

\_\_\_\_\_ **Kindergarten** (meets Monday – Friday 8:00 a.m. – 3:00 p.m.) Should be 5 by August 1, 2011

\_\_\_\_\_ **Grade 1-8 (Please list grade on line)**

**PLEASE COMPLETE THE FORM BELOW SO YOUR CHILD'S FILES CAN STAY UPDATED**

FATHER'S NAME \_\_\_\_\_ FATHER'S EMPLOYER: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S MARITAL STATUS: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ E-MAIL: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S EMPLOYER: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

MOTHER'S MARITAL STATUS: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_ Can pick up (Y/N) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School District Name You Are Located In (i.e. Crown Point, Tri-Creek, Merrillville, etc.): \_\_\_\_\_

**MORE INFORMATION REQUIRED ON BACK**

**2011-2012 ENROLLMENT FORM: Preschool – 8<sup>TH</sup> grades (Continued)**

**Do we have your permission to take your child for medical treatment if none of the contacts can be reached?**

YES \_\_\_\_\_ NO \_\_\_\_\_ Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Please introduce your child to next year's teacher. Include any specific physical, educational or special needs of your child.**

\_\_\_\_\_  
\_\_\_\_\_

**Any other special instructions or comments**

\_\_\_\_\_  
\_\_\_\_\_

**THE STATE OF INDIANA REQUIRES THAT WE HAVE LANGUAGE BACKGROUND INFORMATION ON FILE FOR EACH STUDENT.**

Place of Birth: \_\_\_\_\_

What is the first (native) language of the student? \_\_\_\_\_

What language(s) is spoken most often by the student? \_\_\_\_\_

What language(s) is spoken by the student in the home? \_\_\_\_\_

If you answered a language other than English to the questions above, please identify when your child began attending a public K-12 school?

Month \_\_\_\_\_ Year \_\_\_\_\_

If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once this determination has been made, the following will occur.

- An English proficiency assessment will be administered, upon enrollment and annually thereafter, to assess the level of English proficiency.
- Based on results of assessment, an English Instructional Program will be determined.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If an interpreter was used, please fill out the following:

Interpreter: Name \_\_\_\_\_

Phone: \_\_\_\_\_

**Pre-Registration Non-Refundable Holding Fee: \$100.00**