



Trinity Evangelical Lutheran Church & School

250 South Indiana Avenue • Crown Point, IN 46307 • 219/663-1586

2010-2011 PRE-REGISTRATION FORM

Student Information				Grade Entering:
Full Student Name				
Street Address				
City	State	Zip		
Birthdate	Baptismal Month			
Gender				
Is your child transferring from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No (For new enrollees)				
School Name				
Address				
City	State	Zip		
Telephone Number				
Parent/Guardian Information				
Father's Name				
Father's Employer			Phone #	
Mother's Name				
Mother's Employer			Phone #	
Marital Status	Student living with			
Home Phone Number	()	May we print your phone in the School Directory? Y or N		
Cell Phone Number	()	Email:		
Please List Siblings	Age	Grade	Attending Trinity?	
			Yes	No
			Yes	No
			Yes	No

			Yes	No
			Yes	No
If None Check Here <input type="checkbox"/>				
<i>If there is a non-custodial parent, please complete</i>				
Name				
Street Address				
City		State	Zip	
Send a copy of child's report card? Yes No				
Is this parent allowed to pick up child from school? Yes No				

Please turn over to complete

Account Information				
Name of person responsible for all accounts				
Address				
City		State	Zip	
Phone Number	()			
Work Phone Number	()			
Name of second person if account is shared by 2 parties				
Street Address				
City		State	Zip	
Phone				
Phone Number	()			
Work Phone Number	()			
Trinity Membership		Yes	No	(Please circle one)
Church Membership (if not Trinity)				

Were you referred to Trinity? If so, by whom?

(For new enrollees)

Payment Options

Registration Fee must be paid in full on Registration Day. Tuition may be paid in full on Registration Day or in monthly installments.

_____ In full by Registration Day (5% discount)

_____ Monthly Payment Plan

Signature

Signature of Parent/ Guardian indicates a willingness to abide by the policies and procedures of the school.

Parent/Guardian _____

Date _____

One enrollment form needed per student.

Please return this form along with a \$100 NON-REFUNDABLE holding fee to guarantee your child's placement in a class.

Office Use Only

Registration received on _____ Ck # _____ Grade _____