



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

*Together we hear, know and feed upon Jesus Christ, God's living
Word, growing in Him and sharing Him to the glory of God.*



Rev. David A. Easterday
Senior Pastor

Rev. David P. Kipp
Associate Pastor

John E. Schultz Paul R. Wendt
School Principal Dir. of Christian Education

Karol Ketcher
Music Director

Brandon D. Grelle
Dir. Of Contemp. Worship & Youth

2010-2011 ENROLLMENT FORM: Preschool – 8TH grades

_____ **BAPTIZED? YES or NO** _____
STUDENT'S NAME _____ **BIRTHDATE** _____ **Date Baptized** _____

ETHNIC ORIGIN: American Indian ___ Asian ___ African American ___ Caucasian ___ Hispanic ___ Other _____

CHURCH MEMBERSHIP: _____ **RELIGION:** _____

___ I am re-enrolling my child for the 2010-2011 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, 2010 and potty trained

___ **Pre-Kindergarten** (meets Mon., Wed., & Friday 8:00 a.m. – 11:00 a.m.) Should be 4 by August 1, 2010

___ **Pre-K 5** (meets Monday – Friday 12:00 p.m. – 3:00 p.m.) Should be 4 by August 1, 2010

___ **Kindergarten** (meets Monday – Friday 8:00 a.m. – 3:00 p.m.) Should be 5 by August 1, 2010

___ **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)** _____

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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: _____

Registration Fees:	Preschool 2-3:	\$150
	Preschool 5:	\$300
	Grade K-8:	\$350

Tuition:	Preschool 2:	\$1,500
	Preschool 3:	\$1,800
	Preschool 5:	\$2,000

<u>Grade</u>	<u>Children</u>	<u>Member</u>	<u>Non-Member</u>
K-8	1	\$2,100	\$3,600
	2	\$3,400	\$6,600
	3+	\$3,600	\$6,900

**REGISTRATION FEE will be due on Registration Day.
 Kindergarten students must have physical exam before entering Kindergarten.**