



**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
School Principal

Paul R. Wendt
Dir. of Christian Education

Karol Ketcher
Music Director

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

PARENT CONSENT TO RELEASE RECORDS

I hereby consent to the release of records by _____,
(school last attended)

located at _____,
(street address) (city, state, zip)

of a copy of _____ records to be sent
(student's name) (birthdate)

TO: Trinity Lutheran School
250 S. Indiana Avenue
Crown Point, IN 46307
Attention: Lisa Ann Cizmar

Parent/Guardian Signature

Date

The student listed above has enrolled in grade _____ in our school, effective _____.
Please send all HEALTH AND IMMUNZIATION RECORD, CUMULATIVE RECORDS,
ACHIEVEMENT TEST SCORES, PSYCHOLOGICAL EVALUATIONS/TESTING, and
IEP INFORMATION (if applicable).

School or school systems are not required to have parental or student approval to release records to other school systems in which a student intends to enroll.

Please refer to: General Education Provision Act-Section 438, Title IV-Public Law 90-247
as amended (added by Section 513 of Public Law 93-380, amended by
Section 2 of Public Law 93-568)