



TRINITY LUTHERAN CHURCH & SCHOOL

2019-2020 NEW STUDENT ENROLLMENT FORM: Preschool – 8th grade

STUDENT'S NAME _____

BIRTHDATE _____

GENDER _____

ETHNICITY: *Circle all that apply.* American Indian Asian African American Caucasian Hispanic

CHURCH NAME & DENOMINATION: _____ BAPTISM DATE: _____

ENROLLING IN: (PK students: Placement by birthday and teacher recommendation. Mark "X" for desired class.)

___ Junior Preschool Meets Tues/Thurs, 8:15–11:00 am. Must be 3 by August 1st and potty trained.

___ Pre-K 3 Meets Mon/Wed/Fri, 8:00–11:00 am. Must be 4 by August 1st and potty trained.

___ Pre-K 5 Meets Mon–Fri, 12:00–3:00pm. Must be 4 by August 1st and potty trained.

___ Kindergarten Meets Mon–Fri, 8:00am–3:00pm. Must be 5 by August 1st

___ Grade 1-8 Please list grade on the line

PLEASE COMPLETE THE FORM BELOW FOR YOUR CHILD'S FILES

FATHER'S NAME _____ FATHER'S EMPLOYER _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ home/work/cell PHONE _____ home/work/cell

FATHER'S MARITAL STATUS: Married ___ Single ___ Divorced ___ E-MAIL: _____

MOTHER'S NAME _____ MOTHER'S EMPLOYER _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ home/work/cell PHONE _____ home/work/cell

MOTHER'S MARITAL STATUS: Married ___ Single ___ Divorced ___ E-MAIL: _____

EMERGENCY CONTACT INFORMATION

Name	Phone	Relationship	Pick up? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Public School District (i.e. Crown Point, Tri-Creek, Merrillville, etc.): _____

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 _____

The information stated above is true and correct. Signed by _____ Date _____

Please introduce your child to his/her new teacher. Include any specific physical, educational, special needs, or allergies of your child. Also list any other special instructions or comments:

THE STATE OF INDIANA REQUIRES US TO HAVE LANGUAGE BACKGROUND INFORMATION ON FILE FOR EACH STUDENT

Place of Birth _____ First native language of student _____
Language spoken most often by student _____
Language spoken by 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 _____

Interpreter Name _____ Phone _____

PARENT CONSENT TO RELEASE RECORDS

I hereby consent to the release of all student records for my child/ward by the school listed below.

Releasing School _____ Student Name _____
Address _____ Date of Birth: _____
_____ School Phone # _____

Records to be sent to: Trinity Evangelical Lutheran Church & School
250 S. Indiana Avenue
Crown Point, IN 46307

Attention: Lisa Ann Cizmar
E-Mail: cizmarl@trinitycp.org
Fax Number: 425/663-1586

Parent/Guardian Signature

Date

For Office Use: The student listed above has enrolled in grade _____ in our school, effective immediately. Please send all

- * Cumulative Records
- * IEP Information (if applicable)
- * Health and Immunization Records
- * Home Language Survey
- * Academic Testing Scores
- * Psychological Evaluations or Testing Results
- * Legal Documentation (if applicable)
- * Birth Certificate (copy)

School Official Name _____ Title _____ Date _____