

# Trinity Lutheran High School Transfer Request Application

7120 North County Road 875 East, Seymour, Indiana 47274 812-524-TLHS [www.trinitycougars.org](http://www.trinitycougars.org)

**Directions:** Please print or type *all* information.

**Student's Name:** \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male Female

**Date of Birth:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Grade Entering** \_\_\_\_\_ **Optional: Race (circle all that apply):** *Caucasian Hispanic Black Asian Native American*

By what name does your child prefer to be addressed in school? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Church Membership:** \_\_\_\_\_ City: \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor's name(s): \_\_\_\_\_

Baptized? Yes No If yes, when? \_\_\_\_\_ Student is not a member of any church at this time.

**To be signed by Pastor:**

This student is a member in good standing (attendance) of this congregation. \_\_\_\_\_

Parent's Marital Status (Please circle): Married Divorced Separated Widowed Single

**Information Regarding Parents/Guardians with whom Student Lives:**

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Information Regarding Natural parents, if not the same as those listed above:**

Name: \_\_\_\_\_ Relationship ( please circle): Father Mother

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Academic Preparation:** (Please provide the name of the last three schools attended with dates and phone numbers)

| Date(s) | School | Phone |
|---------|--------|-------|
| _____   | _____  | _____ |
| _____   | _____  | _____ |
| _____   | _____  | _____ |

**In addition to this completed form, the following must be received by the school before the possibility of transfer will be determined:**

- 1) One letter of recommendation from the pastor of your congregation mailed directly to Trinity.
- 2) One letter of recommendation from a current teacher mailed directly to Trinity.
- 3) One letter from current counselor or principal mailed directly to Trinity which states the student is in good standing.
- 4) Copy of current transcripts.
- 5) Application Fee of \$150 (returned if student is not accepted).
- 6) One student-written essay addressing the following:  
Reason for application to Trinity and goals for future achievements/behavior at Trinity.  
Example: As you prepare to attend Trinity Lutheran High School, what goals do you have for achievement, involvement, and your overall high school experience?
- 7) One student-written essay addressing the following:  
Role faith plays in applicant's life. Example: Please describe the role faith plays in your life.  
If it does not, please indicate how open you would be to attending a school where you would be required to enroll in and participate in a theology class each semester that you attend Trinity.

When all of these materials are received, the transfer committee will schedule a meeting with the student and parent(s). Acceptance or denial of the transfer will be given within one week of the meeting.

Acceptance of transfer may be granted on a probationary agreement that the parent(s) and student must sign.

If transfer is granted, payment of book fee (\$425) and first month of tuition must be received prior to first day of attendance.

All letters listed above should be mailed directly to:

Transfer Committee  
Trinity Lutheran High School  
7120 N. Co. Rd. 875 E.  
Seymour, IN 47274