

Trinity Lutheran High School Transfer Request Application
1 Trinity Way, Seymour, Indiana 47274 812-524-TLHS 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), TAP Fee (\$500) 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
1 Trinity Way
Seymour, IN 47274