



400 N. Swinton Ave., Delray Beach, FL 33444

www.trinitydelray.org

Student Record Request

Note to Parent: Please complete the following form to request the official records from your child's previous school.
Return this form to Trinity Lutheran School with your child's application.

Name of Former School: _____

School's Address: _____

City: _____ State: _____ Zip: _____

Principal's Name: _____

School's Area Code & Telephone: _____

The following student is attempting to enroll in our school. Please send us:

- Complete transcript
- Standardized Test Scores
- Student Health Record
- Student Confidential Information (Special Educations Services)
- Student Related Services Information (Speech, PT, OT)

Student's Name: _____

Birthdate: _____ Present Grade: _____

Please send transcript to:

enroll@trinitydelray.org

OR by mail to:

Trinity Lutheran School
400 N. Swinton Avenue
Delray Beach, FL 33444