



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

[www.trinitydelray.org](http://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](mailto:enroll@trinitydelray.org)

OR by mail to:

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