Trinity Lutheran School

Where Faith and Education Grow

REQUEST FOR OFFICIAL RECORDS TRANSFER

(INCLUDING HEALTH RECORDS)

FROM

SCHOOL: _____

ADDRESS: _____

_____

DATE: _____

FROM: Tausha Long
ADMINISTRATIVE ASSISTANT/TRINITY LUTHERAN SCHOOL

The following student(s) previously enrolled at your school have enrolled at Trinity Lutheran School.

_____

_____

_____

Please send the official records (including health records) for this/these students(s) to:
Trinity Lutheran School
910 Mound
Winfield, KS 67156

Thank you!
Tausha Long
Administrative Assistant

_____

Parent/Guardian Consent Form

I hereby agree to consent to the release of the official school records of _____to Trinity Lutheran School, Winfield, Kansas.

Records to be released:
--transcripts of grades
--cumulative folder, test scores, etc.
--health and immunization records

_____ _____

Date Signature of Parent/Guardian

Revised 09/09/2026