

**REFERRAL FORM**



553 Ashmoor Avenue  
Bowling Green, KY 42101  
[www.htlsbg.com](http://www.htlsbg.com)  
Phone: 270-843-1001  
Fax: 270-843-7466

Please check one:

I would like \$300 deducted from my tuition bill.

I would like my reward donated to the HTLS Scholarship fund.

The mission of Holy Trinity Lutheran School is to reach out to families and children with the good news of Jesus through a Christ-centered, loving and forgiving environment of academic excellence.

Keeping that mission in mind, we are seeking to increase enrollment at HTLS. We would like to give our current families an incentive to help reach this goal. Please fill in the information below about a family whom you feel would be a good addition to the HTLS family and return it to the school office. Upon receipt of the information you will be contacted so we can learn more about the referral. If we are successful in registering and maintaining enrollment of your referral for one semester, you will receive a \$300 credit to your HTLS account. Tuition credit is for K-6 grade students currently enrolled.

Referral Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How do you know the family? \_\_\_\_\_

Names/Grades of their child(ren) \_\_\_\_\_

Why would HTLS be a good fit for them? \_\_\_\_\_

Their level of interest in HTLS (circle):    high    medium    low

Your name & phone number \_\_\_\_\_

Office Use Only  
Contact History: \_\_\_\_\_