



3111 Fortune Way | Suite B-16 | Wellington | Florida | 33414  
Toll Free: 1.800.890.6269 | Main: 561.537.5501 | Fax: 1.866.230.0259  
<http://www.foresttrailacademy.com>

## **Required Document Checklist**

*If these required documents are not submitted within 7 days of enrollment, the student's account will be placed on hold/inactive status until receipt of all applicable documents.*

### **Student:**

- Copy of Student Photo (*K-12 only*)
- Copy of Birth Certificate (*All programs*)
- Official/Unofficial Copy of transcript/records (*K-12 only*)
- Complete & Sign Page(s) 1, 2, 3 & 4 (*All programs*)
- NCAA Initial Eligibility Requirements Analysis Agreement  
(*Optional service for student athletes only*)
- Proof of bachelor's degree or professional teaching license  
(*Correspondence/Book Students*)

### **Parent:**

- State ID, Drivers License, or Passport (*K-12 only*)

If there is a third party paying on behalf of the student, we need the following:

### **Third Party:**

- State ID, Drivers License, or Passport (*Government ID*)
- Authorization Form







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### **Authorization Form**

*If these required documents are not submitted within 7 days of enrollment, the student's account will be placed on hold/inactive status until receipt of all applicable documents.*

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street Address

Apt#

City

State

Zip Code

E-mail: \_\_\_\_\_ (E-mail in which you want electronic receipts sent)

Program Seeking: Full Time:  Online  Books  
Part Time:  Online  Books  
Individual Course:  Online  Books  
Vocational:  Online  Books

Pay In Full  Monthly Payments of \$ \_\_\_\_\_

\$ \_\_\_\_\_ Date of each month to charge credit card: \_\_\_\_\_ (MM) \_\_\_\_\_ (DD) \_\_\_\_\_ (YY)

Are you seeking NCAA Initial Eligibility Requirements: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Student athletes only)

I have read and agree to the terms and conditions. I am the holder of the card/checking account and I authorize the charges for School Education delivered by Forest Trail Academy, LLC.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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**RELEASE OF RECORDS**

*If these required documents are not submitted within 7 days of enrollment, the student's account will be placed on hold/inactive status until receipt of all applicable documents.*

The student below is in the process of enrolling or has enrolled at Forest Trail Academy.  
Please forward an official or unofficial transcript to:

*(For official transcript)*

**Admissions Office  
3111 Fortune Way  
Suite B-16  
Wellington, FL 33414**

*(For unofficial transcript)*

**Fax to: 1-866-230-0259 (US)  
561-790-1300 (International)**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

School's Address: \_\_\_\_\_

School's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

ATTN To: \_\_\_\_\_

I give my permission for this record transfer:

- Parent
- Student
- Registrar

\_\_\_\_\_

*(Print Name)*

\_\_\_\_\_

*(Signature)*

*(Date)*

*Submitted in accordance with Federal Register June 17, 1976. Part II H.E.W. Privacy rights to Parents and Students. Vol. 41 No. 118-24673*