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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: ____ / ____ / ____