

## FOREST TRAIL ACADEMY APPLICATION FORM

**Name:** \_\_\_\_\_  
Last First Middle

**Email:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Cell Phone # or (other):** \_\_\_\_\_

**U.S. Citizen:** Yes / No **Sex:** Male / Female **DOB:** \_\_\_\_\_ (MM) \_\_\_\_\_ (DD) \_\_\_\_\_ (YY)

**Ethnicity:** \_\_\_\_\_

**Last High School Attended:** \_\_\_\_\_

**City and State:** \_\_\_\_\_ / \_\_\_\_\_

**Grade Point Average:** \_\_\_\_\_  Dual Enrollment

### Parent/guardian Information:

Living with child? Yes / No

**Full Name:** (First/MI/Last) \_\_\_\_\_

Email: \_\_\_\_\_

### Phone Information:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Please read and check each box below.

- I have read and agree to the terms & conditions and the privacy policy.
- I understand by submitting this information, I will be contacted by a school representative.

**Signature:** \_\_\_\_\_

Parent signature if the student is under 18-years of age. You agree that all information submitted to Forest Trail Academy, LLC is true and correct to the best of your knowledge.



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>

Dear Parents/Guardians or Independent Students:

Thank you in advance for reading the Parent/Student Handbook. Our policies and procedures are detailed in the Handbook, and we are sure many of your questions and/or concerns are addressed here.

We want all of our students to have a successful experience with our school. Please make sure both you and your child have reviewed our rules of conduct and Internet safety in addition to all other information.

If you have any questions not addressed here, please feel free to contact us. Please print and fax or email this document with your signature below. We must have a copy for our files. We do not want any interruption in service and ask that upon reading the Student handbook that you fax this letter back to the office for our files.

As your child has just enrolled, if you have not faxed or emailed your photo ID (both parent and child, unless you are over 18), please do so now along with verification that you have reviewed our Parent/Student handbook. We appreciate your understanding that the file has to be complete in order for your child to continue in our program. If you have any questions, please contact us at the school office, Monday – Friday, 9:00 a.m. to 6:00 p.m. Our office number is 800.890.6269.

Sincerely,

Dr. Chung, Academic Director

I have read and/or reviewed Forest Trail Academy's Parent/Student Handbook.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student Name                      Signature                      Today's Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent Name                      Signature                      Today's Date



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## Authorization Form

### Credit Card

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

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

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

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

Billing Address: \_\_\_\_\_  
Street Address Apt#

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

### Checks/E-Checks

Name on Check: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address Apt#

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

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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*Complete and submit this form to any high school/GED and college/vocational school you/student have attended.*

## **RELEASE OF RECORDS**

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

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

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

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

I give my permission for this record transfer.

Parent's/Student's 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.*



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## Required Documents

### Student:

- Color Photo
- State ID, School ID, Drivers License or Passport
- Birth Certificate
- Official/Unofficial Copy of transcript
- Completed & Signed Page(s) 1, 2, 3, & 4

### Parent:

- State ID, Drivers License, or Passport

If there is a third party paying to the education of the child who isn't a parent/guardian we need the following:

### Third Party:

- State ID, Drivers License, or Passport
- Letter of consent
  - This letter is to determine whether they are going to be paying to the entire education or if it's going to be a one time deal.
- Copy of the Credit Card (front and back)