



Forest Trail Academy

2101 Vista Parkway | Suite 226 | West Palm Beach |

Florida | 33411

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Fax: 1.866.230.0259 | International Fax: 561.420.0909

registrar@foresttrailacademy.com

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. Please do not submit incomplete forms as they will not be accepted.

## AUTHORIZATION FORM

Please note that Forest Trail Academy offers the payment plan as a courtesy to parents/guardians who are unwilling or unable to pay tuition in full. If you choose to participate in this option, you are still responsible for the full tuition. Refunds are offered within 5 calendar days and do not include the \$150.00 non-refundable registration fee. If there is a third party paying on behalf of the student, we need a copy of their state ID, passport, or driver's license and they must sign this form.

STUDENT NAME		GRADE LEVEL	
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NAME ON CARD					CARD NUMBER					
CARD TYPE	VISA			AMEX			DISCOVER		MASTERCARD	
EXPIRATION DATE	M	M	2	0	Y	Y	CVV (SECURITY CODE)			
ADDRESS										
	City			State			Zip Code		Country	
EMAIL ADDRESS										
OTHER PAYMENT OPTIONS	PAYPAL		TRANSACTION ID							
	CHECK		CHECK NUMBER							
	MONEY ORDER		MONEY ORDER NUMBER							
	BANK WIRE*		BANK WIRE DATE							
Please note there is a \$50.00 bank wire fee that must be sent along with payment.*										

### PROGRAM SEEKING

ONLINE		Full Year		Semester		Individual Course(s)	
CORRESPONDENCE		Full Year					

### PAY IN FULL

PAYMENT AMOUNT	\$		PAYMENT DATE	M	M	D	D	2	0	Y	Y
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### PAYMENT PLAN

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DOWN PAYMENT AMOUNT	\$		DOWN PAYMENT DATE	M	M	D	D	2	0	Y	Y
MONTHLY PAYMENT AMOUNT	\$		MONTHLY PAYMENT DAY			D	D				

I have read and agreed to the terms and conditions. I authorize the charges for education services rendered by Forest Trail Academy, LLC.

CARDHOLDER'S NAME												
CARDHOLDER'S SIGNATURE				DATE	M	M	D	D	2	0	Y	Y