



3111 Fortune Way | Suite B4&13 | Wellington, FL 33414
Toll Free: 1-800-890-6269 | Main: 561-537-5501
Fax: 1-866-230-0259 | International Fax: 561-420-0909
<http://www.foresttrailacademy.com>

Required Documents 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. Please check all that has been submitted to Forest Trail Academy.

Student Required Documents

Student Name: _____ Entering Grade Level: _____

- Complete & Sign Pages 2-5
- Student Photo (*Any photo clearly showing the student's face is acceptable*)
- Copy of the Student's Birth Certificate
- Official/Unofficial Copy of Transcript/Report Card
- Individualized Education Plan (IEP)/504 Plan (*If applicable*)

Parent Required Documents

Parent/Guardian Name: _____

- State ID, Driver's License, Passport (*Government issued photo ID*)

Third Party Documents (*If there is a third party paying on behalf of the student, we need the following from him/her*)

Name: _____

- State ID, Driver's License, Passport (*Government issued photo ID*)
- Sign and Date the Authorization Form

MAILING INSTRUCTIONS:

Print, complete, and sign all sections of these forms then mail to:
Forest Trail Academy
3111 Fortune Way
Suite B4&13
Wellington, FL 33414

FAXING INSTRUCTIONS:

Print, complete, and sign all sections of these forms then fax to:
1-866-230-0259
International Fax: 561-420-0909

E-MAIL INSTRUCTIONS:

Print, complete, and sign all sections of these forms then e-mail to:
service@foresttrailacademy.com



Student Registration 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's First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth: _____ **U.S. Citizen:** Yes No **Gender:** Female Male

Ethnicity: African American American Indian Asian Hispanic White Other

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Student Email Address: _____ Cell Phone #: _____

Legal Guardian Name: _____ Email Address: _____

Legal Guardian Name: _____ Email Address: _____

Cell #: _____ Home #: _____ Work/Other #: _____

Living with Child? Yes No If no, relationship to student: _____ Name: _____

Please note that if you have sole custody of your student, you will need to provide court/legal documentation for our records. If you are not the legal guardian, please provide the necessary documents. Forest Trail Academy reserves the right to request any proof of documentation at any time.

Program Seeking: _____

Online (K-12th grade) *Full Year* *Semester* *Individual Courses*

Correspondence Books (K-8th grade) *Full Year* *Individual Courses*

Last School Attended: _____ **City & State:** _____ **Grade Point Average (GPA):** _____

Last Grade Level Completed: _____ **Current Grade Level:** _____ **Entering Grade Level:** _____

Is your student on an Individualized Education Plan (IEP)/504 Plan? Yes No If so, please provide documentation.

Are you seeking NCAA Initial Eligibility Requirements? Yes No If so, which sport:
(Student athletes only; 9th-12th grade)

Please read and check each box below (If the student is under 18 years of age, legal parent/guardian must sign.)

- I have read and agreed to the terms & conditions and the privacy policy.
- I agree that all information submitted to Forest Trail Academy, LLC is true and correct to the best of my knowledge.
- I understand by submitting this information, I will be contacted by a school representative.

Name: _____ Signature: _____ Date: _____



Parent Student Handbook

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.

Dear Parents/Guardians or Independent Students:

Thank you in advance for reading the 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:

http://www.foresttrailacademy.com/pdfs/student_handbook_FTA.pdf

We want all of our students to have a successful experience at Forest Trail Academy. Please make sure both you and your student 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 mail, fax, or e-mail 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 Parent/Student Handbook, you mail, fax, or e-mail this document back to our office for our records within 7 days of your enrollment.

As your student has just enrolled, if you have not faxed or e-mailed these forms <http://www.foresttrailacademy.com/enrollment-application.html>, please do so. We appreciate your understanding that the file has to be complete in order for your student to continue in our program. If you have any questions, please contact the school office, Monday – Friday, 9:00a.m. To 6:00 p.m. Our office number is 800-890-6269 or 561-537-5501.

Sincerely,

Dr. Gifty Chung

Dr. Gifty Chung, Academic Director

I have read and/or reviewed Forest Trail Academy’s Parent/Student Handbook. **I understand that it is my/our responsibility to ensure that the student completes all submitted work himself or herself, with minimal assistance.**

Student Name (Print):	Student Signature:	Date:
<hr/>		
Parent Name (Print):	Parent Signature:	Date:
<hr/>		



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 following student is enrolling or has enrolled at Forest Trail Academy. Please fax, e-mail or mail any and all school records for the named student. Our fax number, e-mail address, and mailing address are shown below.

If you have any questions or concerns, please call us at: **800-890-6269 or 561-537-5501.**

Fax Number:
866-230-0259 / International Fax: 561-420-0909
E-Mail Address:
service@foresttrailacademy.com

Mailing Address:
Forest Trail Academy
3111 Fortune Way, Suite B4&13
Wellington, FL 33414

Student Name: _____ **D.O.B.:** _____

Name of School Previously Attended: _____

Grade Level(s) Completed/Started: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Attention To: _____ School Phone #: _____ School Fax #: _____

Name of School Previously Attended: _____

Grade Level(s) Completed/Started: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Attention To: _____ School Phone #: _____ School Fax #: _____

I give my permission for this record transfer: Parent Student Registrar

Print Name: _____ Signature: _____ Date: _____

For School Personnel Only: **Received** **Date:** _____

Sent To: _____ Date: _____ Sent To: _____ Date: _____

Sent To: _____ Date: _____ Sent To: _____ Date: _____

Sent To: _____ Date: _____ Sent To: _____ Date: _____

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