



## 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.**

**PLEASE DO NOT SEND CUMULATIVE FOLDER**

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

**Mailing Address:**  
Forest Trail Academy  
2101 Vista Parkway, Suite 226  
West Palm Beach, FL 33411

**Student Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Name of School Previously Attended:** \_\_\_\_\_

Grade Level(s) Completed/Started: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Attention To: \_\_\_\_\_

Registrar Email: \_\_\_\_\_ School Phone #: \_\_\_\_\_ School Fax #: \_\_\_\_\_

**Name of School Previously Attended:** \_\_\_\_\_

Grade Level(s) Completed/Started: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Attention To: \_\_\_\_\_

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

*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*