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registrar@foresttrailacademy.com

EXTENSION FORM

Please note that this form must be completed for each extension requested. If there is a third party paying on behalf of the student, we will need a copy of their state ID, passport, or driver's license and they must sign this form. If this form is not completed and submitted within 3 days of payment, the student's account will be placed on hold/inactive status until the completed form is received.

Please do not submit an incomplete form as it will not be accepted.

Student Name: _____

Grade Level: _____

EXTENSION OPTIONS

In order to avoid a \$10.00 re-activation fee, please make sure the courses are extended before they expire.

Fees: \$70.00 One Week Extension \$260.00 One Month Extension \$600.00 Three Month Extension

PAYMENT INFORMATION

Cardholder's Name: _____

CVV / Security Code: _____

Card Number: _____

Expiration Date: _____ / _____

Card Type: VISA

AMEX

DISCOVER

MASTERCARD

Billing Address: _____

Email Receipt To: _____

Other Payment PAYPAL

Transaction ID: _____

Options: CHECK

Check Number: _____

MONEY ORDER

Money Order Number: _____

BANK WIRE *

Bank Wire Transaction ID: _____

Please note there is a \$25.00 bank wire fee that must be sent along with payment*

I AUTHORIZE FOREST TRAIL ACADEMY TO PROCESS PAYMENT FOR THE EXTENSION(S) REQUESTED ABOVE

Cardholder's Name: _____

Cardholder's Signature: _____

Current Date: _____ / _____ / _____