



3111 Fortune Way | Suite B13 | Wellington | Florida | 33414

Toll Free: 1.800.890.6269 | Main: 561.537.5501

Fax: 1.866.230.0259 | International Fax: 561.420.0909

registrar@foresttrailacademy.com

If these required documents are not submitted within 7 days of re-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.

RE-ENROLLMENT REQUIRED DOCUMENTS CHECKLIST

STUDENT

	Complete & Sign Page(s) 2, 3, and 4
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THIRD PARTY

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

	State ID, Driver's License, or Passport (<i>Government ID</i>)
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	Sign and Date the Authorization Form
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MAILING ADDRESS:

FOREST TRAIL ACADEMY
3111 FORTUNE WAY
SUITE B13
WELLINGTON, FL 33414

FAX NUMBER:

866-230-0259
OR
561-420-0909

E-MAIL ADDRESS:

REGISTRAR@FORESTTRAILACADEMY.COM



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STUDENT

REGISTRATION FORM																		
First Name				Middle Initial				Last Name										
Date of Birth	M	M	D	D	Y	Y	Y	Y	U.S. Citizen		Yes		No	Gender		F		M
Ethnicity	African American			American Indian			Asian			Hispanic			White		Other			
Address																		
City				State				Zip Code				Country						
Email																		
Cell Number								Home Number										
Last Grade Level Completed								Current Grade Level										
Last School Attended								City and State										

PARENT/GUARDIAN

First Name				Middle Initial				Last Name									
Email																	
Cell Number								Work Number									
First Name				Middle Initial				Last Name									
Email																	
Cell Number								Work Number									
Is the student living with you?				Yes		No											
If not, with whom?				Relationship with the student?													
<i>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.</i>																	

PROGRAM SEEKING																							
ONLINE								Full Year						Semester					Individual Course(s)				
CORRESPONDENCE								Full Year															
Does your student have an IEP/504 Plan?				Yes		No		If so, please attach documentation to these forms.															
Are you seeking NCAA Eligibility? (<i>Student-Athletes</i>)								Yes		No		If so, what sport(s)?											

Please read and check each box below (<i>If the student is under 18 years of age, legal parent/guardian must sign.</i>)																				
I have read and agree 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.																				
PARENT / GUARDIAN NAME																				
PARENT / GUARDIAN SIGNATURE												DATE	M	M	D	D	2	0	Y	Y



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PARENT STUDENT HANDBOOK FORM

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:

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 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 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, that you scan/e-mail or fax this document back to our office for our records within 7 days of your enrollment.

As your child has just enrolled, if you have not faxed or e-mailed these forms, please do so

<http://www.foresttrailacademy.com/enrollment-application.html>. 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 the school office, Monday – Friday, 9:00a.m. To 6:00 p.m. Our office number is 800-890-6269 or 561-537-5501.

Regards,

Dr. Gifty Chung

Dr. Gifty Chung

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										
STUDENT SIGNATURE	DATE	M	M	D	D	2	0	Y	Y	
PARENT / GUARDIAN NAME										
PARENT / GUARDIAN SIGNATURE	DATE	M	M	D	D	2	0	Y	Y	



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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. 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 \$25.00 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

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.

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