



3111 Fortune Way | Suite B-16 | Wellington | Florida | 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 Name: _____

Student's Documents

- Complete & Sign Page(s) 2, 3, 4 and 5
(All programs)
- Copy of Student's Photo
(All programs-Any photo clearly showing student's face is acceptable)
- Copy of Student's Birth Certificate
(All programs)
- Official/Unofficial Copy of transcript/records
(K-12 students; Excluding Individual Course students)

Parent/Guardian Name: _____

Parent's Documents

- State ID, Drivers License, or Passport
(Government ID; K-12 students)
- Proof of bachelor's degree or professional teaching license/certificate
(High School Correspondence/Book Students Only)

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

Third Party Name: _____

Third Party's Documents

- State ID, Drivers License, or Passport
(Government ID)
- Sign and Date the Authorization Form

FAXING INSTRUCTIONS:

1. Print out these forms
2. Complete & sign all sections of these forms
3. Fax to: 1-866-230-0259 / Int.Fax 561-790-1300

MAILING INSTRUCTIONS:

1. Print out these forms
2. Complete & sign all sections of these forms
3. Mail to: 3111 Fortune Way Suite B-16
Wellington, FL 33414

E-MAIL INSTRUCTIONS:

1. Complete & sign all sections of these forms
2. Email to: virtualschooladmin@gmail.com

FOREST TRAIL ACADEMY - ENROLLMENT APPLICATIONS

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. If any of this info changes while the student is enrolled, it is the parent's/guardian's responsibility to notify Forest Trail Academy.

Student's First Name	Middle Name	Last Name	
Date of Birth MM/DD/YYYY	Ethnicity	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address			
City	State	Zip Code	Country
Email Address:			
Home Phone#	Cell Phone # or (other):		

Legal Parent/Guardian Information:

First Name	Middle Name	Last Name	
Email Address (Where payment receipts/academic records will be sent)			
Home Phone#	Cell Phone # or (other):		

Living with Child: Yes No If not, with whom? Relationship with student? _____

** 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 Full Time Part Time Individual Course Vocational
____ Correspondence (Books) Full Time Part Time Individual Course Vocational

Last School Attended	City & State	
Last Grade Level Completed	Grade Point Average/G.P.A. (If applicable)	Grade Level Enrolling with Forest Trail Academy

Are you seeking NCAA Initial Eligibility Requirements: Yes No
(Student athletes only)

Please read and check each box below.

- 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.

Print Name	Signature	Date
------------	-----------	------

*** If the student is under 18 years of age, legal parent/guardian must sign.**



3111 Fortune Way | Suite B-16 | Wellington | Florida | 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>

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 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.

Sincerely,

Dr. Gifty Chung

Dr. Chung, Academic Director

I have read and/or reviewed Forest Trail Academy's Parent/Student Handbook.

Student Name

Signature

Today's Date

Parent Name

Signature

Today's Date



3111 Fortune Way | Suite B-16 | Wellington | Florida | 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>

Authorization 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. ***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. However, if you choose to participate in this option, you are still responsible for the full tuition.***

Student's Name: _____ Grade Level: _____

Card Information

Name on Card: _____ Card Number: _____-_____-_____-_____
 Expiration Date: _____/_____/_____ CVV (Security Code): _____ Card Type: Visa Master Card
 Discover Other _____

 Street Address City State Zip Code

Email Address: _____ (Where payment receipts/academic records will be sent)

___ Extension	<input type="checkbox"/> One Week <input type="checkbox"/> One Month <input type="checkbox"/> Three Months <input type="checkbox"/> Other _____ Charge on ____/____/____ (MM/DD/YY)
---------------	--

___ Online	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Individual Course <input type="checkbox"/> Vocational
___ Correspondence (Books)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Individual Course <input type="checkbox"/> Vocational

<input type="checkbox"/> Pay Full Tuition	\$ _____	Charge on ____/____/____ (MM/DD/YY)	
<input type="checkbox"/> Payment Plan:	Down Payment \$ _____	Monthly Payments \$ _____	Day of each month to charge monthly payments _____

I have read and agree to the terms and conditions. I am the holder of the card/checking account and I authorize the charges for School Education delivered by Forest Trail Academy, LLC.

 Cardholder's Signature Print Name Date



3111 Fortune Way | Suite B-16 | Wellington | Florida | 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>

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 student below is in the process of enrolling or has enrolled at Forest Trail Academy. Please forward an official/unofficial transcript or any academic records for this student to:

(For official transcript)
Admissions Office
3111 Fortune Way
Suite B-16
Wellington, FL 33414

(For unofficial transcript)
Fax to: 1-866-230-0259 (US)
561-790-1300 (International)

_____ **Student's Name** _____ **D.O.B.** _____

School #1

Name of Previous School Attended _____ Grade Level(s) Completed _____

Address _____ City _____ State _____ Zip Code _____

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

School #2

Name of Previous School Attended _____ Grade Level(s) Completed _____

Address _____ City _____ State _____ Zip Code _____

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

Comments: _____

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

Signature _____ Print Name _____ 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*