



Forest Trail Academy

2101 Vista Parkway | Suite 226 | West Palm Beach |

Florida | 33411

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 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.

## REQUIRED DOCUMENTS CHECKLIST

### STUDENT

	Complete & Sign Page(s) 2, 3, 4 and 5
	Student Photo ( <i>Any photo clearly showing the student's face is acceptable</i> )
	Copy of the Student's Birth Certificate
	Official/Unofficial Copy of Transcript/Report Card
	IEP/504 Plan/Individualized Plan ( <i>If applicable</i> )

### PARENT / GUARDIAN

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.	
	State ID, Driver's License, or Passport ( <i>Government ID</i> )

### 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> )
	Sign and Date the Authorization Form

### MAILING ADDRESS:

FOREST TRAIL ACADEMY  
2101 VISTA PARKWAY, SUITE  
226, WEST PALM BEACH, FL  
33411

### 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](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

### Media Release (Parent Student Handbook - page 19):

I, the undersigned, DO grant permission for Forest Trail Academy to use the likeness or voice of my child and **first name and last initial only** for news releases, media, and promotional activities.

I, the undersigned DO NOT consent or grant full permission for Forest Trail Academy to use the name, likeness, or voice of my child for news releases, media, and promotional activities.

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. Refunds are offered within 5 calendar days and do not include the \$150.00 non-refundable registration fee. 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	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD								
EXPIRATION DATE	M	M	2	0	Y	Y	CVV (SECURITY CODE)		
ADDRESS									
	City			State			Zip Code		Country
EMAIL ADDRESS									
OTHER PAYMENT		PAYPAL		TRANSACTION ID					
OPTIONS		CHECK		CHECK NUMBER					
		MONEY ORDER		MONEY ORDER NUMBER					
		BANK WIRE*		BANK WIRE DATE					
	Please note there is a \$50.00 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.  
 Refunds are offered within 5 calendar days and do not include the \$150.00 non-refundable registration fee.

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



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<b>RELEASE OF RECORDS</b>	
<p>The following student is enrolling <input type="checkbox"/> or has enrolled <input type="checkbox"/> _____ at Forest Trail Academy. Please fax or email all academic records for the named student. If you have any questions or concerns, please call us at:</p> <p style="text-align: center;">800-890-6269 or 561-537-5501.</p>	
FAX NUMBER	EMAIL ADDRESS
866 – 230 - 0259 OR 561 – 420 - 0909	REGISTRAR@FORESTTRAILACADEMY.COM
<b>PLEASE DO NOT SEND CUMULATIVE FOLDER</b>	

STUDENT'S FIRST NAME	LAST NAME	DATE OF BIRTH							
		M	M	D	D	Y	Y	Y	Y

NAME OF SCHOOL PREVIOUSLY ATTENDED					
GRADE LEVEL(S) COMPLETED/STARTED					
Address					
City		State		Zip Code	
Attention To		School Phone		School Fax	

NAME OF SCHOOL PREVIOUSLY ATTENDED					
GRADE LEVEL(S) COMPLETED/STARTED					
Address					
City		State		Zip Code	
Attention To		School Phone		School Fax	

I have read and agreed to give permission for this records transfer.										
PARENT / GUARDIAN NAME										
PARENT / GUARDIAN SIGNATURE		DATE	M	M	D	D	2	0	Y	Y

FOR OFFICE USE ONLY					
	FIRST REQUEST		SECOND REQUEST		THIRD REQUEST
COMMENTS					