

2101 Vista Parkway, Suite 226, West Palm Beach, Florida 33411 Toll Free: 1.800.890.6269 | Main: 561.537.5501

Current Date:

Fax: 1.866.230.0259 | International Fax: 561.420.0909

registrar@foresttrailacademy.com

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.

EXTENSION FORM

Student Name:		Grade Level:			
			EXTENSION	LODTIONS	
In or	dor t	to avoid a \$10.00 ro a		ke sure the courses are extended before they expire.	
III OI	uer i	.0 avoiu a \$10.00 re-a	ctivation ree, please ma	ke sure the courses are extended before they expire.	
Fees:		\$70.00 One Week Ex	tension □ \$260.00	One Month Extension \$600.00 Three Month Extension	
			O.D.	AT	
			PAYMENT INI	FORMATION	
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:	\rightarrow	
** use this option if you don't want to pay via credit card		☐ MONEY ORDER Money Order Num		mber:	
		□ BANK WIRE * Bank Wire		ction ID:	
	Ple	ase note there is a \$50.0	00 bank wire fee that must b	e sent along with payment*	
			CS		
	<u>I AU</u>	THORIZE FOREST TRAIL	ACADEMY TO PROCESS PA	AYMENT FOR THE EXTENSION(S) REQUESTED ABOVE	
Cardholder's	Nar	ne:	IVA	IL I	

Cardholder's Signature: