



**FOREST TRAIL  
ACADEMY**  
ACADEMIC EXCELLENCE!

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  
support@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 ntil receipt of all applicable documents. Please do not submit incomplete forms as they will not be accepted.*

## RE-ENROLLMENT REQUIRED DOCUMENTS

### STUDENT

Complete & Sign Page(s) 2, 3, 4 and 5

### 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 (*Government ID*)

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:

SUPPORT@FORESTTRAILACADEMY.COM



# FOREST TRAIL ACADEMY

ACADEMIC EXCELLENCE!

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  
support@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.*

## REGISTRATION FORM

STUDENT

First Name		Middle Initial		Last Name																	
Date of Birth	M	M	D	D	2	0	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		Dual Enrollment		Individual Course(s)			
CORRESPONDENCE		Full Year							Course(s) Applying		
Does your student have an IEP/504 Plan?			Yes		No	If so, please attach documentation to these forms.					
Are you seeking NCAA Eligibility? (Student-Athletes)			Yes		No	If so, what sport(s)?					

Please read and check each box below (If the student is under 18 years of age, legal parent/guardian must sign.)

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



**FOREST TRAIL  
ACADEMY**  
ACADEMIC EXCELLENCE!

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  
support@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.*

## 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: [FTA Parent / Student Handbook](#)

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



# FOREST TRAIL ACADEMY

ACADEMIC EXCELLENCE!

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  
support@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.*

## 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 \$225.00 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	
--------------	--	-------------	--

NAME ON CARD					CARD NUMBER				
CARD TYPE	VISA				AMEX				
EXPIRATION DATE	M	M	2	0	Y	Y	CVV (SECURITY CODE)		
ADDRESS									
	City		State		Zip Code		Country		
EMAIL ADDRESS									
OTHER PAYMENT OPTIONS  ***select this option if you don't want to use credit card	PAYPAL		TRANSACTION ID						
	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		Dual Enrollment		Individual Course(s)	
CORRESPONDENCE		Full Year						Course(s) Applying	

## PAY IN FULL

PAYMENT AMOUNT	\$		PAYMENT DATE	M	M	D	D	2	0	Y	Y
----------------	----	--	--------------	---	---	---	---	---	---	---	---

## 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 \$225.00 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