

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	s until receipt of all app	olicable do	cuments. Please de	not sub	mit incomp	lete forms as the	y will not be	accepted.	
RELEASE OF RECORDS									
The following student is enrolling or has enrolled 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:									
800-890-6269 or 561-537-5501.									
FAXNUMBER					EMAIL ADDRESS				
866 – 230 - 0259 OR 561 – 420 - 0909				REGISTRAR@FORESTTRAILACADEMY.COM					
PLEASE DO NOT SEND CUMULATIVE FOLDER									
GLOBAL - M									
STUDENT'S	FIRST NAME		LAST NAME	LAST NAME DATE OF BIRTH				BIRTH	
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	13					7	1	1 1	
NAME OF SCHOOL PREVIOUSLY ATTENDED									
GRADE LEVE	L(S) COMPLETED/STAR	TED							
Address			City			State	Zip Code	е	
Country	Α	ttention To			Registrar E	mail Address			
School Phone		School Fa	ax		School Web	osite (if any)			
NAME OF SCHOOL PREVIOUSLY ATTENDED									
GRADE LEVEL(S) COMPLETED/STARTED									
Address		(C)	City	$\top$		State	Zip Code	е	
Country	A	ttention To	TDAT		Registrar E	mail Address	L	I	
School Phone	Phone School Fax			LA	School Website (if any)				
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I have read and agreed to give permission for this records transfer.									
PARENT / GUARDIAN NAME							<del> </del>		
PARENT	/ GUARDIAN SIGNATUR	RE			DA	TE M M E	D D 2	0 Y Y	
FOR OFFICE USE ONLY									
	FIRST RE	QUEST		SECO	COND REQUEST			THIRD REQUEST	
COMMENTS									