



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 OPTIONS

In order to avoid a **\$35.00** re-activation fee, please make sure the courses are extended before they expire.

Fees: **\$100.00 One Week Extension** **\$360.00 One Month Extension** **\$800.00 Three Month Extension**

PAYMENT INFORMATION

| | | |
|--|---|--|
| Cardholder's Name: | | CVV / Security Code: |
| Card Number: | | Expiration Date: / / |
| Card Type: | <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD | |
| Billing Address: | | |
| Email Receipt To: | | |
| Other Payment | <input type="checkbox"/> Paypal | Transaction ID: |
| Options: | <input type="checkbox"/> Check | Check Number: |
| | <input type="checkbox"/> Money Order | Money Order Number: |
| | <input type="checkbox"/> Bank Wire * | Bank Wire Transaction ID: |
| * Please note there is a \$50.00 bank wire fee that must be sent along with payment* | | |

**** use this option if you don't want to pay via credit card**

I AUTHORIZE FOREST TRAIL ACADEMY TO PROCESS PAYMENT FOR THE EXTENSION(S) REQUESTED ABOVE

Cardholder's Name: _____

Cardholder's Signature: _____

Current Date: / /