

# VIRTUAL HIGH SCHOOL OF EXCELLENCE APPLICATION FORM

**Name:** \_\_\_\_\_  
Last First Middle

**Email:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Cell Phone # or (other):** \_\_\_\_\_

**U.S. Citizen:** Yes / No **Sex:** Male / Female **DOB:** \_\_\_\_\_ (MM) \_\_\_\_\_ (DD) \_\_\_\_\_ (YY)

**Ethnicity:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_

**City and State:** \_\_\_\_\_ / \_\_\_\_\_

**Grade Level Completed:** \_\_\_\_\_

**Grade Level Entering With Virtual High School of Excellence:** \_\_\_\_\_

**Are you seeking NCAA compliance** Yes \_\_\_\_\_ No \_\_\_\_\_

## Parent/Guardian Information:

Living with child? Yes / No

**Full Name:** (First/MI/Last) \_\_\_\_\_

**Email:** \_\_\_\_\_

## Phone Information:

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

## Please read and check each box below.

- I have read and agree to the terms & conditions and the privacy policy.
- I understand by submitting this information, I will be contacted by a school representative.

**Signature:** \_\_\_\_\_

Parent signature if the student is under 18-years of age. You agree that all information submitted to Forest Trail Academy, LLC is true and correct to the best of your knowledge.





3111 Fortune Way | Suite B-16 | Wellington | Florida | 33414  
Toll Free: 1.800.890.6269 | Main: 561.537.5501 | Fax: 1.866.230.0259  
<http://www.virtualhse.com>

## Authorization Form

### Credit Card

Name on Card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address Apt#

\_\_\_\_\_  
City State Zip Code

Pay In Full

Monthly Payments

Date of each month to charge credit card: \_\_\_\_\_ (MM) \_\_\_\_\_ (DD) \_\_\_\_\_ (YY)

Grade Level Entering: \_\_\_\_\_

Program Seeking:

- Online Full Time (5.5 to 6 credits)
- Online Part Time (2-4 credits)
- HSEQ
- Individual Courses
- Correspondence
- Official Transcript \$10.00

Are you seeking NCAA compliance Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and agree to the terms and conditions. I am the holder of the card/checking account and I authorize the charges for School Education delivered by Virtual High School of Excellence, LLC.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



3111 Fortune Way | Suite B-16 | Wellington | Florida | 33414  
Toll Free: 1.800.890.6269 | Main: 561.537.5501 | Fax: 1.866.230.0259  
<http://www.virtualhse.com>

Complete and submit this form to any high school/GED and college/vocational school you/student have attended.

### RELEASE OF RECORDS

The student below is in the process or has enrolled in Virtual High School of Excellence. Please forward an official or unofficial transcript to:

*(For official transcript)*

**Admissions Office  
3111 Fortune Way  
Suite B-16  
Wellington, FL 33414**

*(For unofficial transcript)*

**Fax to: 1-866-230-0259 (US)  
561-790-1300 (International)**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give my permission for this record transfer.

Parent     Student     Registrar \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Submitted in accordance with Federal Register June 17, 1976. Part II H.E.W. Privacy rights to Parents and Students.  
Vol. 41 No. 118-24673.*



3111 Fortune Way | Suite B-16 | Wellington | Florida | 33414  
Toll Free: 1.800.890.6269 | Main: 561.537.5501 | Fax: 1.866.230.0259  
<http://www.virtualhse.com>

## **Required Documents**

### **Student:**

- Copy of Student Photo (*K-12 only*)
- State ID, School ID, Drivers License or Passport (*For HSEQ students only*)
- Copy of Birth Certificate (*All programs*)
- Official/Unofficial Copy of transcript/records (*K-12 only*)
- Complete & Sign Page(s) 1, 2, 3 & 4 (*All programs*)
- NCAA compliant Analysis Agreement (*NCAA compliant students only*)

### **Parent:**

- State ID, Drivers License, or Passport (*K-12 only*)

If there is a third party paying to the education of the child who is not a parent/guardian, we need the following:

### **Third Party:**

- State ID, Drivers License, or Passport
- Letter of consent
  - This letter is to determine whether they are going to be paying to the entire education or if it is going to be a one time deal.
- Copy of the Credit Card (front and back)