

# CONTINENTAL ACADEMY HIGH SCHOOL ENROLLMENT APPLICATION



15327 N.W. 60th Avenue Room 235  
Miami Lakes, FL 33014  
Phone: 1-800- 285-3514  
Fax: (954) 538-8041

***It's Easy to Enroll  
Don't delay. Enroll today!***

TO ENSURE THAT YOUR APPLICATION IS PROCESSED QUICKLY AND ACCURATELY, PLEASE PRINT CLEARLY AND NEATLY - THANK YOU.

## PERSONAL INFORMATION (PRINT your legal name as it will appear on your High School Proficiency Diploma)

First Name:   
Middle Name/Initial:   
Last Name:   
Suffix (Jr.):  Gender: ☐ Male ☐ Female Date of Birth:  ■  ■

## DEMOGRAPHIC INFORMATION (Please indicate your Ethnicity -OPTIONAL)

☐ African-American ☐ Asian/Pacific Islander ☐ White (Non-Hispanic)  
☐ Hispanic ☐ Native American Eskimo

## CONTACT INFORMATION

Home Phone:  ■  ■  Other Phone:  ■  ■   
\*E-Mail:   
\*email address required

## HOME ADDRESS

Address:   
City:   
State:  Country:  Zip Code:  ■

## MAILING ADDRESS

☐ Check here if your home address and your mailing address are the same.

Mailing Address:   
City:   
State:  Country:  Zip Code:  ■

## PAYMENT OPTIONS

**Note: If you enroll on our website [www.continentalacademy.com](http://www.continentalacademy.com) with a credit card or debit card, you will receive a \$100.00 discount on your tuition. To receive the \$100.00 discount, you MUST ENROLL ONLINE at [www.continentalacademy.com](http://www.continentalacademy.com) with a credit card or debit card.**

Please select the Full Payment Plan or the Monthly Payment Plan  
if you prefer to mail your completed application.

### P.A.C.E. PROGRAM (ONLINE)

[ ] Full Payment Plan: \$350.00 (save \$45.00)  
*I have enclosed a full payment of \$350.00*

[ ] Monthly Payment Plan: \$395.00  
(\$40.00 down/\$40.00 month)

*I have enclosed a down payment of:*

\$    ■

■ Must be 16 years of age or older

■ Computer and internet required

■ 16 Credit Online Program

**IMPORTANT: Please complete and sign the reverse side**

***Please make Money Order or Check payable to Continental Academy***

***If you are paying by Credit Card, please provide the following information:***

Valid Thru: 

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[illegible]

Credit Card Holder Signature: \_\_\_\_\_ Date: 

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**SCHOOL REFUND POLICY: 60 DAY MONEY BACK GUARANTEE:** Continental Academy will refund your money in full if you are not completely satisfied with your academic program within the first 60 days of enrollment. Continental Academy has designed a 60 Day Money-Back Guarantee to provide the student ample time to review our online program and make sure that the student is completely satisfied. If for any reason, you wish to cancel your enrollment agreement **within 60 days after the date of enrollment**, you will receive a full refund providing you have not yet received your Continental Academy high school proficiency diploma. If you cancel after 60 days of enrollment, a refund will not be awarded. All refund requests must be submitted in writing.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS OF THIS ENROLLMENT APPLICATION. I ALSO UNDERSTAND THAT ONCE I HAVE COMPLETED ALL GRADUATION REQUIREMENTS AND HAVE PAID MY TUITION IN FULL, MY HIGH SCHOOL PROFICIENCY DIPLOMA WILL BE AWARDED TO ME. BY ENTERING MY NAME BELOW AND SUBMITTING THIS FORM, I HEREBY AFFIRM THAT I HAVE PROVIDED MY LEGAL NAME AND THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE PROVISIONS OF THE SCHOLASTIC HONOR CODE.

Parent Signature: \_\_\_\_\_ Date: 


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Parent Print Name: