

Email: info@graduatelow.org
 Contact an Admissions Specialist at (305) 257-5565
 Address: 12767 SW 280th Street, Miami, Florida 33032

Enrollment Agreement (Please Complete Sections **1 2 3 4 5**)

1. STUDENT'S INFORMATION

Name: _____ Birth Date: _____ Sex: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Info of Last School Attended: Name of School _____ Dates Attended: _____ to _____
 Address of Last School Attended: _____ City: _____ State: _____ Zip: _____
 Social Security #: _____ Primary Language: _____ Last Grade Completed: _____
 Email Address: _____

2. PARENT INFORMATION

Name: _____ Hm. Ph.: (____) _____ Bus. Ph.: (____) _____
 Cell Ph.: (____) _____ Home Address: _____
 E-mail Address: _____

***Please attach a copy of your photo identification card**

3. CHOOSE YOUR PROGRAM	Program Cost	Total
Senior Graduation Program	\$499.00- All Inclusive	
High School Diploma Program (Full Time Student)	*Price determined after meeting with admissions and finance specialists to evaluate course load and qualifications for scholarships, financial aid, and financing.	
Credit Recovery Program	\$150 Per Course (Ex- Algebra I/ English II)	\$150.00 X _____
All Programs have a \$50 Registration and Transcript Evaluation Fee		+ \$50.00
Check Out Total Cost: _____		
Welcome to ABF Learning Center/Academy K-12! Amount of Deposit Paid: _____		
Remaining Balance Due: _____		

4. Method of Payment

Cash Checks CREDIT/DEBIT

****FOR CREDIT/DEBIT PAYMENTS, PLEASE COMPLETE THE FOLLOWING****

Name as it Appears on Card: _____

Card Type (Check One): AMEX Discover MasterCard VISA

Card Number: _____ Expiration Date: _____ Security Code*: _____

*For VISA, MasterCard, and Discover, the Security Code is a 3-digit code in the signature portion on the back of card following the last 4 digits of your credit card number. For American Express, this is a 4-digit code on the front of card.

FOR ALL PAYMENT TYPES:

Billing Address: (Must Include Zip Code)

Address _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Payee/Parent Name: _____ Payee/Parent Signature: _____

I am aware of the above stated tuition fees and agree to remit payment by the indicated due date(s).

5. Student Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Amount of Deposit Received: _____ Date Deposit Received: ____/____/____ Received by: _____

Deposit Payment Type: _____

Remaining Balance Due: _____ Date Balance Due: ____/____/____ Received by: _____

Notes:

