



**Official Use Only**

ID# \_\_\_\_\_  
 Rec'd \_\_\_\_\_  
 Amt \_\_\_\_\_  
 Ch # \_\_\_\_\_  
 CC \_\_\_\_\_  
 Processed \_\_\_\_\_

**STUDENT INFORMATION**

|  |  |                         |  |
|--|--|-------------------------|--|
| <b>Full Name:</b>  |  | <b>Date:</b>            | <b>Current Grade Level:</b>  |
| <b>Home Address:</b>   |  |                         | <b>GPA:</b>  |
| <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F                         | <b>Birthdate:</b>  |                         | <b>Phone:</b>  |
| <b>Email:</b>  |  |                         | <b>IEP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Limited English Proficiency:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>504:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Graduation Year:</b> |  |

**ADDITIONAL CONTACT INFORMATION**

|                        |                        |
|------------------------|------------------------|
| <b>Parent Contact:</b> | <b>School Contact:</b> |
| <b>Phone:</b>          | <b>Phone:</b>          |
| <b>Email:</b>          | <b>Email:</b>          |

**SCHOOL INFORMATION**

|                            |                       |
|----------------------------|-----------------------|
| <b>School Name:</b>        |                       |
| <b>Phone:</b>              | <b>Advisor Email:</b> |
| <b>School City, State:</b> |                       |

I confirm that \_\_\_\_\_ is a student of \_\_\_\_\_  
 and is eligible or required to enroll in the classes listed below for academic advancement.  
 Advisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**COURSE SELECTION**

| Course Title | # of Credits | Start Date | Pace Type* |
|--------------|--------------|------------|------------|
|              |              |            |            |
|              |              |            |            |
|              |              |            |            |
|              |              |            |            |
|              |              |            |            |

\* *Pace Types: Accelerated (9-12 wks for 1/2 credit, 18-24 wks for 1 credit), Traditional (18 wks for 1/2 credit, 36 wks for 1 credit), Extended (27 wks for 1/2 credit, 52 wks for 1 credit), or CR for Credit Recovery.*

**PAYMENT**

**Payment Method:**  I will mail a check  I will pay online via credit card at [www.sbacs.org](http://www.sbacs.org)

Make Check Payable to SBACS Mail Check to:  
 SBACS Virtual Academy 14359 Miramar Pkwy. Suite 333 Miramar, FL 33027

**Please note: Payment must be received by Tuesday in order for the student to be enrolled by the following Monday**

Email completed application to [mary@sbacs.org](mailto:mary@sbacs.org)