



Official Use Only

ID# _____
 Rec'd _____
 Amt _____
 Ch # _____
 CC _____
 Processed _____

STUDENT INFORMATION

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

ADDITIONAL CONTACT INFORMATION

Parent Contact:	School Contact:
Phone:	Phone:
Email:	Email:

SCHOOL INFORMATION

School Name:	
Phone:	Advisor Email:
School City, State:	

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), or Extended (27 wks for 1/2 credit, 52 wks for 1 credit).

PAYMENT

Payment Method: I will mail a check I will pay online via credit card at 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