



Learning for Life Program Application

Student Name	
Parent Name	
Address	
City, State, Zip	
Home and Cell Phone	
Email Address	

Classes Requested:

Academy College Course Name & Number	High School Course Equivalent	Initials of High School Official	Initials of Academy College Official

High School Officials: By initialing above you agree that the above stated Academy College course will fulfill the requirements for the student’s high school graduation.

Academic Information:

High School Name	
High School Address	
Current High School GPA	
Additional Notes	

Application Fee and Acceptance of Terms: A non-refundable fee must accompany this completed application. I grant Academy College permission to provide to a third party or parties any or all of the information which is contained in the school’s student or graduate files and records of myself, and information which is usual and normal in the conduct of business of a school.

Application Fee: \$25.00 I have enclosed \$_____ for my application fee. **School Catalog Received:** Initials:_____

Student Printed Name, Signature, and Date

Parent Printed Name, Signature, and Date

High School Official Printed Name, Signature, and Date (if applicable)

Academy College Official Printed Name, Signature, and Date