



American School of Leadership
1507 S Hiawasse Rd, Suite 114
Orlando, FL 32835
Tel: 407-745-1700

STUDENT ENROLLMENT AGREEMENT

PERSONAL INFORMATION			
Name: (Last)		(First)	
Date of Birth: (mm-dd-yyyy) -----/-----/-----		Gender:	M F
Address:			
City:	State:	Zipcode:	Country:
Tel:		Parent's Cell:	
ID, Passport or Driver's License #			
Email:		Parent's Email:	
PREVIOUS SCHOOL INFORMATION/ Official Transcripts (Report Cards) required.			
Name of Last School Attended:			
School Address:			
Phone:		Last date Attended:	
Last completed level: <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade			
METHOD OF TUITION PAYMENT			
[] Full Academic year payment at time of signing enrollment agreement. [] Full Academic Semester payment at least 10 days prior to start of classes. [] Balance paid prior to graduation through payment plan, according to an agreed upon schedule. ASL does not run credit reports nor charge an interest rate, however payment plans bear an initial \$100 administrative fee. *Final transcript and diploma is contingent upon full balance payment.			
STUDENT AGREEMENT			
By signing the agreement herein, the student and their parent (Custodian) enter into agreement with ASL, under which the student/parent will pay tuition and fees and adhere to the school's policies including refund policies as set forth in ASL website and catalog. In signing this application, student understands that successful completion of all courses and exams and full payment are required for graduation. I also certify that the information included on this form is correct. Student must enroll in a course within the first three months of acceptance to the program or will need to reapply for admission.			
Student Signature		Date	
Parent's Full name and Signature		Date	