



American School of Leadership

1507 S Hiawasse rd, Suite 114, Orlando, FL 32835 –
 Ph: 407-619-3185 Fax: 407-540-9586 Email: admission@americanhigh.us

HIGH SCHOOL APPLICATION FORM

Complete **Application**, and send in your **original transcripts** and registration **fee** of \$150

PERSONAL INFORMATION (Please print in ink)

Name: (last)		(First)	
Date of Birth: (mm-dd-yyyy) ----/----/-----		Gender: M	F
Address:			
Country:			
Phone: Home	Cell:	Parents Cell:	
ID, Passport or Driver's License #			
Email:			

SCHOOL INFORMATION

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

I Heard about this Program From (Choose all that Apply)

Advertisement	Brochure/Catalog	Friend	Counselor	Web
Other (Please Specify)				

STUDENT AGREEMENT

In signing this application, I understand that the courses I will take are from the American School of Leadership and that I will abide by its policies and procedures. I also understand that successful completion of all courses and exams as discussed upon acceptance will be required for graduation. I also certify that the information included on this form is correct.

You must enroll in a course within the first three months of acceptance to the program. If you do not enroll during the first three months, you are dropped from the program and will have to reapply for admission.

Applicant Signature	Date
Parent's Signature (If student is age 18 or under)	Date

Do not Write Below- For Administration Only

Student ASL Testing #.....
Student Final Grade:
Admission Granted on:...../...../.....