



7890 W. Flagler Street. Miami, FL 33144 Office: 305.261.6930 Fax: 305.261.6389 info@asadiploma.com

Student Information: Please Print Clearly

Applicant's Name: _____
Last First M.I.

Present Address: _____

City, State, Zip: _____ Phone Number: _____

Social Security Number: _____ Birth Date: _____

Male _____ Female _____ Race: _____

E-mail Address: _____ Advisor (if applicable): _____

****Please attach a copy of your Photo Identification card.***

Fast-Track Program:

Accredited High School Diploma Program School Rate \$450.00

Additional Options:

- Sealed Transcripts \$25.00**
** needed for post-secondary institutions*
- Miniature Diploma \$10.00**
- Shipping/Handling \$5.00**
** if student would like diploma sent to the address above*

Total: _____

I certify that all the information provided to above is accurate. I also understand that any and/or all information provided to Atlantic Southeastern Academy is strictly for the use of this institution and will not be shared, in any way, with any person, company, or institution without the written consent of the student. Moreover, I understand that any and/or all payments and/or deposits are non-refundable.

Signature of Student

Date

Parent or Guardian Signature if student is Under 18

Date

Credit Card Information: VISA or MASTER CARD

Name on Card: _____ CC# _____

Address: _____ Expiration Date: _____

City, State, Zip Code: _____ Last 3 Digit Numbers on the back of the card: _____

Authorized Signature: _____

**Please note all credit card payments are subject to an additional \$5 processing fee*