



15025 NW 77th Avenue; Suite 216
Miami Lakes, Florida 33014

**PARENT/GUARDIAN CONSENT FORM
FOR
GOLIATH ACADEMY HIGH SCHOOL ENROLLMENT**

I certify that I am the parent / legal guardian of the participant listed below, and I give my consent for him/her to enroll in Goliath Academy. I understand that enrollment at Goliath Academy involves dedication, time, and effort, in the pursuit of a High School Diploma. I fully understand the program structure and curriculum, as well as the tuition and payment options, and agree to assist my son/daughter in the educational process as much as possible.

Parent/Guardian (Print)

Students Name & Date of Birth

Parent/Guardian Signature

Instructors Signature

Date