

GOLIATH ACADEMY HIGH SCHOOL  
15165 NW 77TH AVE; STE 2003  
MIAMI LAKES, FL 33014  
Off: 305-720-4229 Fax: 305-512-5996  
www.GoliathAcademyHighSchool.com

Attn: Admissions

## Enrollment Application

How did you hear about us?

If other or a person (who?/How?)  Male or Female

Name:  E-mail

Birth Place  D.O.B.  Age  SSN

Home #  Cell #  Alternate #

Address  Apt #  City  ST  Zip Code

What do you want to do when you graduate?

University  College  Voc/Tech  Military  Employment  Other

### Course Selection

**Program Option 4 call main office to arrange admission.**

Tuition options  Method of payment

Name of Cardholder  Credit card  Exp Date:

3 digit code  Amount Paid  Balance

**Mandatory School Age Requirements:** Parent consent required for students under the age of 18. High school students are required to take all core subjects per year. Goliath Academy's curriculum is a Christian/College preparatory from the Switched-On learning series. (CITA/SACS curriculum). The signing of this contract (Enrollment Application) makes the student and/or guardian responsible for payment within the time agreed upon on this form. The school will use diligent effort to contact the student using all methods supplied on this form. Once the student is notified of failure to comply he/she will be warned and helped, if possible. If he/she fails to comply then he/she can lose their last grades and be obligated to retake exams. If non-payment persists the student can lose their full payment. **Consumer Right to Cancellation:** You may cancel this contract without penalty or obligation within (3) business days from the above date. You may cancel this contract if by doctor orders you can not physically receive the services or if the services cease to be rendered as stated in this contract. **Returned Checks** for insufficient funds are subject to a \$50.00 recovery fee from the bank. All transactions made with check or credit cards are subject to surcharges. **The total costs of your tuition will be contingent upon receipt of your official transcript from your prior High School. If the student is enrolled without proof of credits earned prior to enrollment, the tuition will be modified to reflect the correct amount of credit earned when transcripts are received.**

**I have understood and agree to accept the terms and conditions of this contract.**

Student/Guardian Sign

Date:



I have complete the  grade.  I have complete  courses in technical, vocational, business, or trade school.

Starting with your present position and working background, list your last three employers and your present position with the company.

Company Name and Location	Duration of employment	Position	Special skills or training
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am fully aware that I may be awarded credit towards my diploma for learning experiences received through verifiable work experience, special skills, and personal experience.

**Important!**

You may choose up to three subject. You must have 180 hours or more of experience in the subject selected.

- Agriculture     ApplianceRep     Art, Painting     Auto Mechan     Check Box     Consumer ec.     Cooking
- Cosmetology     Crafts     Dance     Home furnishi     Instruments     Merchandising     Metals
- Nutrition     Auto repair     Aviation/Mec     Baking     Bible     Bookkeeping     Data Process
- Drama     Electricity     Food Manage     Foreign Lang     Office machin     Sales     Sports
- Business Law     Bus Math     Ceramics     Child develop     Chorus     Shop     Graphic Arts
- Typing     Volunteer     Wood work     Home Economics

I hereby state that the information above is truthful and accurate. I have neither omitted nor altered information. It is not my intent to do anything that has the capacity or tendency to mislead or deceive.

Print Name

Date

Student/Guardian Sign

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## Transcript Request

Date

I, , Social Security #  and D.O.B.

attended , located in the city of ,

from  to   
Date Date

I am giving permission to have my transcripts forwarded to Goliath Academy at 15165 N.W. 77th Ave; Ste 2003 Miami Lakes, FL 33014

Respectfully,

Student/Guardian Sign

## **DISTANCE EDUCATION & CORRESPONDENCE PROCTORED EXAM**

As a Christian, non-denominational high school, Goliath Academy ensures academic integrity through the use of a Proctor. The proctoring policy requires each student to identify an individual of good character to act in the capacity of his/her test proctor.

The test proctor should follow these directions:

1. Cannot be related to the student in any way.
2. Will attest that he/she is a disinterested party.
3. Will not commit perjury.
4. Will be a trustworthy individual.
5. Has no stake in the academic level of achievement.
6. Will fill-out the proctor registration form.
7. Will supervise the student while testing.
8. Will contact the school if any improprieties occur.
9. Will sign and date the proctor registration form.
10. Will not receive any type of payment for his/her services.

A proctored exam is one that is overseen by an impartial individual who monitors or supervises a student while he or she is taking an exam. The proctor ensures the security and integrity of the exam process. An acceptable proctor is someone with no conflict of interest in upholding the Academic Code of Conduct. **Relatives, friends, spouses, neighbors, and co-workers are not acceptable proctors.** Only the proctor may handle the actual exam prior to and following its completion. No copies of the exam other than the copy used for test-taking are to be made at any time. No person other than the proctor and student may view the exam. ( The student may have access to the exam only during the time period allowed by the instructor/proctor.) The proctor must follow the schools' requirements for administering the exam. These may include, specific allowable equipment, such as a calculator and inclusion or exclusion of books, notes, etc. Any relevant material, e.g., scratch paper should be sealed in the appropriate envelope.

**THE STUDENT MUST PROVIDE HIS/HER EXAM SCHEDULE TO THE APPROVED PROCTOR.**

**GOLIATH ACADEMY  
PROCTOR APPROVAL APPLICATION  
FORM**

**Section A.** To be completed by the student.

1. Student Contact Information:

Name	Social Security number	
Your Email Address	Date-of-Birth	DATE
Print Student Name	Student Signature	

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**I HAVE AGREED TO ACT IN THE CAPACITY OF TEST PROCTOR FOR THE ABOVE STUDENT.**

**Section B.**

2. Proctor Contact Information:

Name      First    Middle    Last	Date – of – Birth		
Address	City	State	Zip Code
Day Time Phone Number	Evening Phone Number		

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I, serving as a proctor have read and understand the Scholastic Honesty Code presented to me print. I am willing to monitor and honestly report on the student's adherence to this honesty code. I understand the necessary qualifications to act in the capacity of a proctor. I hereby attest to be of good character and sound mind and judgment. I have never been convicted of a felony. Further, I have not been convicted of a misdemeanor other than a traffic violation. I am not related to the student in any way, form or fashion. I do not stand to benefit in any way form or fashion from the student's attainment of academic credits or the completion of his/her high school diploma. I will not receive any monetary benefit from the services I am rendering, know or after the student completes there program. I am willing to enter into my relationship with the student as a test proctor, on a non-paid, voluntary basis. I am aware that any change in behavior as it pertains to proctoring this student will forfeit this agreement I have chosen to abide. Further, all of the information which I have provided above is complete and correct to the best of my knowledge.

Proctors' Signature	DATE
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All of the proctoring arrangements should / will be made by the student and the proctor as it pertains to scheduling, time and place of testing. The appropriate setting, lighting, desk, No. 2 pencil, etc. will be necessary and appropriate for testing.

Please fax the signed document to: Goliath Academy, (305) 512-5996. For additional information call: (305) 512-5994 or email to: [admin@goliathacademy.org](mailto:admin@goliathacademy.org).



## SCHOLASTIC HONESTY CODE ACKNOWLEDGEMENT FORM

**All Students enrolling at Goliath Academy are required to read, sign and return the Scholastic Honesty Code Acknowledgement Form. This form dictates how a student should view and conduct themselves, as it pertains to Education. Any student who does not read this document and is not in agreement with the particulars cannot participate in our Correspondence or Distance Education Program.**

- I. The verbiage of this code deals specifically with cheating, attempted cheating, plagiarism, lying, and stealing. Instances of cheating, attempted cheating, plagiarism, lying and/or theft perpetrated by a student will constitute a violation of the Honesty Code and can subject the student to immediate termination from his/her academic program and the forfeiture of all tuition funds.
  - A. Cheating encompasses the following:
    1. The willful giving or receiving of an unauthorized, unfair, dishonest, or unscrupulous advantage in academic work over other students.
    2. The above may be accomplished by any means whatsoever, including but not limited to the following: fraud; duress; deception; theft; trick; talking; signs; gestures; copying from another student; unauthorized use of study aids, memoranda, books, data, or other information; and the unauthorized access of computer-based information.
    3. Attempted cheating.
  - B. Plagiarism encompasses the following:
    1. Presenting as one's own "the words, the work, or the opinions of someone else without proper acknowledgment."
    2. Borrowing the sequence of ideas, the arrangement of material, or the pattern of thought of someone else without proper acknowledgment.
  - C. Lying encompasses the following:

The willful and knowledgeable telling of an untruth, as well as any form of deceit, attempted deceit, or fraud in an oral or written statement relating to academic work or institutional form. This includes but is not limited to the following:

    1. Lying to administration and faculty members.
    2. Falsifying any institutional document by mutilation, addition, or deletion.



## **SCHOLASTIC HONESTY CODE ACKNOWLEDGEMENT FORM**

D. Stealing encompasses the following:

Taking or appropriating without the permission to do so, and with the intent to keep or to make use of wrongfully, property belonging to the institution, including the acquiring of unjustified program or graduation materials by means of deception.

II. Students are responsible for understanding the provisions of and abiding by the Honesty Code. As part of program indoctrination prior to beginning his/her initial course of study, each student will sign an affirmation of the Code stating that they have read, have understood and indeed undertake to abide by the Honesty Code.

III. The provisions of the Honesty Code shall be applied to the ongoing relationship between the student/graduate and the institution in perpetuity. Should it be discovered (even after graduation) that a program participant violated the provisions of the Scholastic Honor code during his/her program tenure or has committed a violation after his/her graduation (such as falsification of institutional records and documents, which are then published – as genuine – to a third party), the institution shall reserve the right to revoke and render void any and all credentials (including the high school diploma and transcripts) issued to that individual.

IV. It will be the responsibility of the office of the Principal to investigate and render a decision in all cases of suspected violations of the Honesty Code. Violators will face only one possible penalty: immediate expulsion from all academic programs / immediate revocation of any and all issued credentials and the forfeiture of all tuition fees.

V. Students expelled /Graduates with credentials revoked for violation of the Honesty Code will be notified of the Principal's decision in writing via certified U.S. Mail.

VI. Students expelled /Graduates with credentials revoked for violation of the Honesty Code will be entitled to a single appeal. Such appeals will be addressed in writing to the President, Goliath Academy 15165 NW 77<sup>th</sup> Ave. Ste. 2003 Miami Lakes, FL 33014. A written request for appeal must be Postmarked no more than thirty (30) days after the date of the certified mailing of the notification of expulsion/revocation of credentials.

VII. The President shall review all pertinent documentation, consulting with all parties as necessary. The President will render a decision within thirty (30) days of receipt of the written-notice of appeal. The President will inform all parties of his/her decision in writing, delivered by registered U.S. mail within thirty (30) days of rendering his decision.



**SCHOLASTIC HONESTY CODE  
ACKNOWLEDGEMENT FORM**

***For All Students:*** By affixing my signature below, I hereby affirm that I have read, understand and agree to abide by the provisions of the Goliath Academy Scholastic Honesty Code Acknowledgement Form.

Student Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

PRINTED NAME \_\_\_\_\_

***For Students Under the Age of 18:*** By affixing my signature below, I hereby affirm that I am the parent or legal guardian of the student, whose signature appears above. BOTH the student and I have read, understand and agree to abide by the provisions of the Goliath Academy Honesty Code.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

PRINTED NAME \_\_\_\_\_

**PLEASE SIGN AND RETURN WITH ENROLLMENT APPLICATION**



GOLIATH ACADEMY  
15165 N.W. 77<sup>TH</sup> Ave. Ste.2003  
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### Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Goliath Academy High School, to charge my credit card account in the amount not to exceed: \$ \_\_\_\_\_  
( ) VISA ( ) MasterCard ( ) American Express

Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ VID Code: \_\_\_\_\_

Credit Card	Billing	Address:
Street:	_____	_____
City:	_____	State: _____
Zip Code:	_____ - _____	Country: (if not US) _____
Telephone: ( )	_____ - _____	

Requested	Shipping	Address:
Street:	_____	_____
City:	_____	State: _____
Zip Code:	_____ - _____	Country: (if not US) _____
Telephone: ( )	_____ - _____	

*As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cardholder's Signature Date

As the credit card holder, I also authorize Goliath Academy to charge my credit card for future payments toward my tuition; verbally approved by me.  
Authorization Valid Until: \_\_\_\_ / \_\_\_\_ Initials Here: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Goliath Academy will keep all information entered on this form strictly confidential.

"Your On Your Way, To A Better Future"



15165 NW 77<sup>th</sup> Avenue; Suite 2003  
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