

Citizens High School Enrollment Form

admissions@citizenshighschool.com

1590 Island Lane, Suite 44
Fleming Island, FL 32003

(800) 736-4723

Choose One:

- Online Diploma - \$129 per month
 Online Individual Course(s) - \$59 per month/per course
 Offline Diploma - \$99 per month
 Offline Individual Course(s) - \$189 per course

Diploma Students - Choose One:

- Diploma for Career (18 Credits)
 Diploma for College (24 Credits)

Individual Course Students - Please List course(s) Below:

Student Information:

First Name: _____ Last Name: _____

Date of Birth: / / Phone: _____
MM DD YYYY

Email Address: _____

Street Address: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Last Grade Completed: 8th 9th 10th 11th 12th

Offline Shipping Information:

Please complete the following information required to ship books to your address.

Same as Student Address

Street Address: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Select Payment Method:

Charge the Card Listed Below Check Enclosed Money Order Enclosed

Card Number: _____ Exp. Date: / CVV: _____
MM YR

Accreditation:

Citizens High School is accredited by the Distance Education Accrediting Commission (DEAC) and Middle States Commission on Higher Education (MSCHE). For more information visit www.deac.org or www.msche.org.



Transfer credits:

You may be eligible to receive up to 12 transfer credits for high school courses you have already completed. Tuition and the number of courses may be adjusted upon review of grade transcripts from your previous high school(s). You will be notified in writing of any changes. Acceptance of transfer credits from CHS to another school is determined by the receiving school

Yes, I plan to submit my high school transcript to see if I am eligible for transfer credits. The name of my High School is _____, located in _____

My name, as it appears on my High School transcript is: _____

Student Signature:

This is a contract, if the student is under the age of 18, this contract must be co-signed by the student's parent or legal guardian.

By checking this box, I acknowledge that I have received a copy of the appropriate terms and conditions.

By checking this box, I am agreeing to the terms and conditions that I received.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____