



AMERICAN ELITE EDUCATION

STUDENT ENROLLMENT FORM

YOUR DETAILS

Last Name (Surname)	
First Name	
Permanent Home Address	Mailing Address (if different)
Postcode	Postcode
Phone Number	
Email Address	
Date of Birth	
Nationality	

WHICH PROGRAM DO YOU WANT TO STUDY?

Please circle all the boxes that you want to study	HIGH SCHOOL DIPLOMA	YES	NO	
	DUAL COLLEGE CREDITS	YES	NO	
	ESL CLASSES	YES	NO	
	CAREER SPECIALTY CLASSES	YES	NO	

SCHOOL DETAILS

Name of High School(s) attended	Town/City	From		To	
		Month	Year	Month	Year

REFERRAL

Referral Code

CERTIFICATION

I certify that to the best of my knowledge the information given on this form is true, complete and accurate and no information requested or other material information has been omitted and if I am admitted to American Elite Education, I undertake to observe all the regulations. I give my consent to the processing of my data by the American Elite Education. I accept that, if I do not comply with these requirements, the School shall have the right to cancel my application and I shall have no claim against the School in relation thereto.

Signature of applicant Date

Please send your enrollment form to

E-mail: **admin@americaneliteeducation.com**

****Remember to include photocopies of your transcripts and your references****