



MINNESOTA VIRTUAL SCHOOL FOR SUCCESS

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MNVSS Full-Time Additional Information Form

Student Information:

Name (Last, First, MI): _____ Date of Birth: _____
Email: _____ Phone: _____ Gender: _____
Address: _____ City, State, Zip Code: _____

Parent/Guardian Information:

Mother Name: _____ Main Phone: _____
Email: _____ Other Phone: _____
Address: _____ City, State, Zip Code: _____
Father Name: _____ Main Phone: _____
Email: _____ Other Phone: _____
Address: _____ City, State, Zip Code: _____
Other Name: _____ Main Phone: _____
Email: _____ Other Phone: _____
Address: _____ City, State, Zip Code: _____

Check Only One:

- I chose to opt-out of or opt-out my student from this school year's MCA Testing (or equivalent). I sign below to verify my decision.***
- I chose not to opt-out of or opt-out my student from this school year's MCA Testing (or equivalent). I will attend all required testing in Hendricks, MN. I sign below to verify my decision.***

Student Signature: _____ Date: _____
(required)

Parent Signature: _____ Date: _____
(required for students under 18 years old)