



# 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 choose 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 choose 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)