



P.O. Box 137, Hendricks, MN 56136 | Phone: (507)275-3115 | Fax: (507)275-3150  
Email: Meghan.Adams@isd402.org

## **MNVSS Full-Time Application Instructions**

All 6-12 grade Minnesota students may apply for full-time enrollment in MNVSS.

### **TO APPLY:**

- Complete and sign the **MNVSS Application**.
- Complete and sign the **Statewide Enrollment Options form**.
- Complete and sign the **Application for Educational Benefits Packet**.
- Return all required documents to Meghan.Adams@isd402.org.  
*\*Incomplete documents may delay enrollment.*  
*\*Enrollment will not be accepted until all documents have been submitted.*

Upon acceptance of student registration, students/parents will receive enrollment information via email.

### **SEMESTER TIMELINES:**

Fall Semester = August 20 to December 21

Spring Semester = January 2 to May 17

### **ENROLLMENT EXPECTATIONS/GUIDELINES**

- \*Students must make adequate progress weekly (Tuesday through Monday) in all courses.
- \*Attendance is progress-based. Students not meeting attendance requirements in one or more courses may be considered truant.  
*MNVSS will follow MN Statute 260 Truancy Laws and Procedures as applicable.*
- \*Progress Reports will be sent via email on a weekly basis, regardless of good or poor progress.
- \*Students are expected to follow or outpace their assignment due dates.
- \*Students are expected to reach out to teachers for help when needed.
- \*Students have the option to complete their courses early (before Semester-end)!
- \*Courses not 100% completed by Semester-end may receive a failing grade and zero course credit.
- \*Transcripts will be sent to students/parents at the end of each Semester (and upon request).



# MINNESOTA VIRTUAL SCHOOL FOR SUCCESS

P.O. Box 137, Hendricks, MN 56136 | Phone: (507)275-3115 | Fax: (507)275-3150

Email: [Meghan.Adams@isd402.org](mailto:Meghan.Adams@isd402.org)

## MNVSS Full-Time Application

### Student Information:

Name (Last, F, MI): _____	Cell Phone: _____	
Email: _____	MARSS Number: _____	
Address: _____	City, State, Zip Code: _____	
Gender: _____	Current Grade Level: _____	Date of Birth: _____
School Last Attended: _____		

### Parent/Guardian Information:

Mother Name: _____	Cell Phone: _____
Email: _____	Home Phone: _____
Address: _____	City, State, Zip Code: _____
Father Name: _____	Cell Phone: _____
Email: _____	Home Phone: _____
Address: _____	City, State, Zip Code: _____

### Indicate which type(s) of internet connection you will be using

<input type="checkbox"/> Dial-up Modem
<input type="checkbox"/> Cable/DSL
<input type="checkbox"/> High Speed Home Connection
<input type="checkbox"/> High Speed School Connection
<input type="checkbox"/> No internet access - student will access internet at: _____

### Indicate special circumstances

<input type="checkbox"/> Active IEP on file
<input type="checkbox"/> Active 504 Plan
<input type="checkbox"/> No Computer
<input type="checkbox"/> Other (explain): _____
_____

***I have reviewed and understand the expectations/guidelines of enrolling into the Minnesota Virtual School for Success and verify the provided information is true to the best of my knowledge.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required)

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

Print Parent Name & Relation: \_\_\_\_\_



# MINNESOTA VIRTUAL SCHOOL FOR SUCCESS

P.O. Box 137, Hendricks, MN 56136 | Phone: (507)275-3115 | Fax: (507)275-3150  
Email: Meghan.Adams@isd402.org

## **MNVSS Full-Time Additional Information**

(Optional Form)

In order to provide us more information about the applicant, please help them in honestly answering the following questions:

**Applicant Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Why are you looking to enroll into Full-Time MNVSS online courses?**

---

---

**Have you been enrolled in a Full-Time online program before? If so, what was your experience like?**

---

---

---

**Have you taken an online course at your traditional school in the past? If so, what was your experience like?**

---

---

---

**What are your plans for after high school?**

---

---

---

---

**How can we help you to have a great experience with MNVSS?**

---

---

---

**Are there any special circumstances or additional information you'd like to share with us?**

---

---

---

---

---