



MINNESOTA VIRTUAL SCHOOL FOR SUCCESS

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MNVSS Full-Time - Information Changes/Updates

Student Information:

Name (Last, First, MI): _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Address: _____ City, State, Zip Code: _____

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

Dial-up Modem

Cable/DSL

High Speed Home Connection

High Speed School Connection

No internet access - student will access internet at:

Indicate special circumstances

Active IEP on file

Active 504 Plan

No Computer

Other (explain): _____

By signing below, I verify that the above information is most accurate, and request that my/my student's file be updated accordingly.

Student Signature: _____ Date: _____
(required)

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

Print Parent Name & Relation: _____

For Office Use Only:

Registration Received: _____

2018-19