

Virtual Enrollment School Year - 2016-2017

Student:	Gender: Male / Female
Age: Date of Birth:	Grade:
Part Time (Five or less total classe	es) Full Time (six classes, including core)
las student taken virtual classes from	these vendors before through Gull Lake Community Schools? Yes / No
f yes, which ones?	
Street Address:	Parent(s):
STUDENT email:	Parent Email:
Phone:	Phone:
Cell Phone:	Cell Phone:

Yes, we really do need all this information. Thanks!

You may mix and match your vendor!

Circle one	Vendor	Course Number	Course Title
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			
Full Year 1 st Sem 2nd Sem			