

## Virtual Enrollment

## School Year - 2015-2016

Student:	Gender: Male / Female	Age:	Date of Birth:	Grade:		
Part Time (Five or less total classes)						
Full Time (six classes, including core)						
Has student taken virtual classes from these vendors before through Gull Lake Community Schools? Yes/No						
If yes, which ones?						
Street Address:	Par	ent(s):				
STUDENT email:	Par	ent Emai	l:			
Phone:	Pho	ne:				
Cell Phone:	Cell	Phone:				

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

You may mix and match your vendor!

Circle		Vendor	Course Number	Course Title
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		
Full Year	1 <sup>st</sup> Sem 2 <sup>nd</sup> Se	m		