



VIRTUAL SCHOOL ENROLLMENT FORM

I, _____, would like to enrollment my child in the MC Virtual School.
(PARENT'S NAME)

Child's Name: _____

Grade Level: _____

Age: _____

Last/Current School: _____

HOME ADDRESS: _____

CELL NUMBER: _____

EMAIL ADDRESS: _____

DOES THE STUDENT HAVE AN IEP OR 504 PLAN? _____ Yes _____ No

Student Signature _____ Date

Parent Signature _____ Date

---OFFICIAL OFFICE USE ONLY---

Counselor Signature _____ Date

Principal Signature _____ Date

ACELLUS Enrollment Date: _____

Note: If the student is not currently enrolled in an Alabama public school, the parent must enroll the student as a new student through Infosnap.

Superintendent's Approval _____ Date _____

Please fax to 334-724-9990 or email to mcvirtualschool@gmail.com. 334-727-1600.