



Vermilion Country School

1 Enterprise Dr., PO Box 629, Tower, MN 55790

Phone: 218-753-1246 • www.vermilioncountry.org • ISD 4207

An Audubon Center of the North Woods Authorized Public Charter School Serving Grades 7-12

APPLICATION FOR 2018 – 2019 SCHOOL YEAR

FOR MORE INFORMATION: Call 218-753-1246 or e-mail kfitton@vermilioncountry.org

Today's Date _____ Fall 2018 Grade Level _____ Current School _____

Full name of student _____

Please check one:

_____ New student that wishes to reserve a slot for the upcoming school year.

_____ Current student returning.

Only complete the remainder if you are a new student or a current student with updated information.

Be aware that signing this form acknowledges that the student has been offered enrollment, and that the parent/guardian has accepted and authorizes the Vermilion Country School to request the student's records from current and past schools.

Student lives with: foster parents • both parents • mother • father • legal guardian • grandparent(s)

Student's Physical Address _____

City _____ State _____ Zip _____

Student's Mailing Address (if different from above)

Legal parent/guardian information

Name(s) _____

Address (if different from student) _____

City _____ State _____ Zip _____

Relationship to student: foster parents • both parents • mother • father • legal guardian • grandparent(s)

Parent/Guardian Telephone DAY _____ EVE. _____

Parent/Guardian e-mail _____

Parent/Guardian Signature

Actual enrollment is based on date application received. A lottery will be held for excess applications.

PLEASE RETURN TO: VCS; PO Box 629; Tower, MN 55790



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Transfer Student Information:

Student's Name: _____ Grade: _____

Phone Number: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Information Provided by Parent

_____ My child received Special Education Services at their previous school.

_____ My child did not receive Special Education Services at their previous school.

_____ I'm not sure if my child received Special Education Services at their previous school.

Parent Signature: _____ Date: _____

Previous School: _____

Contact at Previous School: _____

Phone Number of Previous School: _____