



INTENT TO RETURN

- I intend to re-enroll my student with MVOLA for the 2020-2021 school year
OR
 I do NOT intend to re-enroll my student and will provide MVOLA with information regarding the school they will be attending.

Please PRINT Current Primary Parent Contact Information

Student Full Name	
Student Date of Birth	
Parent(s) Full Name(s)	
Parent Email(s)	
Parent Cell Number	
Parent Work Number	
Parent Home Number	
Physical Address	
City, Zip	
Mailing Address (if different than physical)	
City, Zip	

 Parent/Guardian's Signature

 Date