

**VCPE SUBSCRIPTION APPLICATION FORM**

**SECTION 1: APPLICANT INFORMATION**

School or Organization Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Primary Contact Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
School Website: \_\_\_\_\_  
Tuition Range per child: \_\_\_\_\_ Grades served: \_\_\_\_\_

**ENROLLMENT STATISTICS BY GRADE :**

YEAR	PS	PK	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	PG	UG	TOTAL
06-07																		
07-08																		

**SECTION 2: FOR SCHOOLS THAT ARE NOT OPEN YET**

Projected Opening Date: \_\_\_\_\_  
Future School Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: CONTACT INFORMATION FOR PERSON SUBMITTING FORM**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: VCPE OFFICE USE ONLY**

Active: \_\_\_\_\_  
Subscriber Only: \_\_\_\_\_  
First Year Reported: \_\_\_\_\_  
Billing Category: \_\_\_\_\_ Billing Comments: \_\_\_\_\_

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