

School Year 2020-2021 Miniapple Health Consultants Contact info and anticipated needs

Please complete the following information and return with your contract:

School Name: Nova Classical Academy	State District #0740-98
Address: 1455 Victoria Way	
Saint Paul, MN 55102	-
School phone: (651) 209-6320	School fax: (651) 209-6325
Director Name: Brett Wedlund	Email: bwedlund@novaclassical.org
Contact Person for School Nurse Cons sharing general program or health informa	cultant (person(s) to contact when arranging visits, ation):
Name/role: Natalie Ferguson, SPED Coord	Phone: x 239 Email: nferguson@novaclassical.org
Name/role: Kriscel Estrella, HR Director	Phone: x 306 Email: kestrella@novaclassical.org
Person(s) to get billing and service state	tements: Additional Contact: Jenny Xiong, Health Office Manage
Name/email: Natalie & Kriscel (see above for	r contact info) Phone: x 404 Email: jxiong@novaclassical.org healthoffice@novaclassical.org
Name/email: Meghan Kelly / businessoffice@	novaclassical.org
Grades served by your school: K-12 Anticipated total enrollment: 995	
Anticipated needs for on-site visit length	th and frequency:
x hours per on-site visit (2 hours is the r	minimum visit time) with the frequency of:
two times per week; _x_ weekly; every other week every month other; please explain	

Additional information that may be helpful in planning for your needs: