

## Alder Grove Charter School On-Site Class Enrollment Form

Please complete and return form by mail, drop-off, or fax to:  
**Alder Grove Charter School, 433 M Street, Eureka, CA 95501**  
**Phone: 707-268-0854 Fax: 707-268-0813**  
We will not be taking phone registration.

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

CT name: \_\_\_\_\_

Does this student have any allergies or health concerns we should know about? Please give details.

\_\_\_\_\_

### Requested Classes for Fall Semester:

	Class Name	Day and Time	Teacher Group	M&W Only)
Class 1:	_____	_____	_____	_____
Class 2:	_____	_____	_____	_____
Class 3:	_____	_____	_____	_____
Class 4:	_____	_____	_____	_____
Class 5:	_____	_____	_____	_____
Class 6:	_____	_____	_____	_____
Class 7:	_____	_____	_____	_____
Class 8:	_____	_____	_____	_____
Class 9:	_____	_____	_____	_____
Class 10:	_____	_____	_____	_____

*Occasionally there will be events during which photographs may be taken and submitted to a newspaper, yearbook, or other public documents. Please indicate your preference below:*

**I give my permission for photos taken during on-site class activities, which include the enrolled student, to be published in public documents.    Yes / No    (Circle One)**

**\*Note: Upon enrollment, students and parents must sign a discipline policy and fill in an emergency information card. Extra forms will be available at classroom site. Please accompany your child to the first day of classes to fill in or update these forms. Thank you!**