

Spring Semester On-Campus Class Registration Form FOR HIGH SCHOOL STUDENTS

Alder Grove Charter School

714 F St. Eureka, CA 95501

Email: classes@aldergrovecharter.org Fax: 707-268-0813

Phone: 707-268-0854 (no registrations taken via phone)

No registrations accepted before 8:30a.m. on the first day of registration.

Student Name: _____

Student Grade: _____ CT name: _____

Parent Name: _____

Email: _____ Phone: _____

(Please print email clearly. We will be emailing you to inform of your student's wait list status and/or any questions we have.)

Does this student have any allergies or health concerns we should know about? Yes / No

If Yes, please give details:

Does this allergy require an EPI pen? Yes / No If Yes, does student carry EPI pen? Yes / No

Does this student have an IEP or 504 plan? IEP / 504 (please circle)

9th – 12th graders will be allowed to leave campus during breaks and lunch time UNLESS you circle No: No

If there is a gap between classes, please indicate on the schedule where your student is supposed to be. Students will NOT be registered until all time on campus is accounted for.

	Class Name	Day	Time	Teacher	Price
Class 1:					
Class 2:					
Class 3:					
Class 4:					
Class 5:					
Class 6:					
Class 7:					
Class 8:					

**Emergency Form must be on file.
SEE REVERSE SIDE:
Students and parents must sign the discipline policy.**

Office Use Only

CT Emailed _____

Vaccines: (9th & 10th graders only) YES

Parent Agreement _____

MIP: \$ _____ DATE: _____

Emergency Form Completed and Returned: _____