

Spring Semester On-Campus Class Registration Form

FOR K - 8 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)

MIDDLE SCHOOL ACADEMIC CLASSES (Please circle the desired class or classes)

SPANISH

MATH: 6 7 8

SCIENCE: Earth Life Physical

Writing Performance Task

(Free)

MY TOP 2 ENRICHMENT CHOICES (consecutive): NO GAPS IN SCHEDULE ALLOWED UNLESS TIME IS ACCOUNTED FOR

	Class Name	Day	Time	Teacher	Price
Class 1					
Class 2					

IF THERE IS SPACE, I WOULD ALSO LIKE:

	Class Name	Day	Time	Teacher	Price
Class 3					
Class 4					
Class 5					

Please note here where your student will be during any gaps:

Emergency Form must be on file. Parent Agreement must be initialed, signed and returned (one per family).

SEE REVERSE SIDE

Students and parents must sign the discipline policy.

Office Use Only

CT Emailed _____

Parent Agreement _____

Emergency Form Completed and Returned: _____

MIP: \$ _____ DATE: _____

Vaccinations (K, 1st, 2nd, 3rd, 7th, 8th grades only) YES