

Fall Semester Online 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)

Student Name: _____

Student Grade: _____ CT name: _____

Parent Name: _____ Parent Email: _____

Student 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)

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

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

Office Use Only

CT Emailed _____

Vaccines: (9-11th graders only) YES

Parent Agreement _____

MIP: \$ _____ DATE: _____

Emergency Form Completed and Returned: _____