

Spring Semester On-Campus Class Enrollment Form

FOR K - 8 STUDENTS

Alder Grove Charter School

714 F St. Eureka, CA 95501

Phone: 707-268-0854 (no enrollments taken via phone) Fax: 707-268-0813

Student Name: _____

Student Grade: _____ CT Name: _____

Parent Name: _____

Email: _____ Phone: _____

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

Does this student have an IEP or 504 plan? Yes / No

I give my permission for photos taken during on-campus class activities, which include the enrolled student, to be published in public documents, such as yearbooks, newspapers: Yes / No

Website or Facebook? Yes / No

I give my permission for student's name and email/phone # to be published in an on-campus class directory to be shared with parents for play dates, birthday parties, etc: Yes / No

Middle School Students Only: Circle the Middle School academic course(s) requested (does not count toward Top 2):

SPANISH

MATH: 6 7 8

SCIENCE: Earth Life Physical

MY TOP 2 ENRICHMENT CHOICES (consecutive): NO GAPS IN SCHEDULE ALLOWED

	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					

Credentialed Teachers must sign approval. Emergency Form must be on file.

SEE REVERSE SIDE

Students and parents must sign a discipline policy.

Office Use Only

CT Approval of Class Schedule: _____

Emergency Form Completed and Returned:

APTAFUND: \$ _____

DATE: _____

Immunization OK? (K and 7th only) YES

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