

**Fall Semester On-Campus Class Registration Form  
FOR K - 8 STUDENTS**

**Alder Grove Charter School  
714 F St. Eureka, CA 95501**

**Email: [classes@aldergrovecharter.org](mailto:classes@aldergrovecharter.org) Fax: 707-268-0813  
Phone: 707-268-0854 (no registrations taken via phone)**

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

Please give details:

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

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

**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.

**SEE REVERSE SIDE**

Students and parents must sign the discipline policy.

Office Use Only

CT Emailed \_\_\_\_\_

Emergency Form Completed and Returned: \_\_\_\_\_

APTAFUND: \$ \_\_\_\_\_

DATE : \_\_\_\_\_

Vaccinations (K, 1<sup>st</sup>, and 2<sup>nd</sup> grades only) YES