

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

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, 1st, 2nd, 7th, 8th grades only) YES