

# Spring Semester Online Class Registration Form FOR HIGH SCHOOL 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: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Student Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**(Please print email clearly. We will be emailing you with important information about how to access the online classes as well as any wait list status.)**

**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 and Parent Agreement must be on file.**

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

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### Office Use Only

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

Vaccines: (9<sup>th</sup>-11<sup>th</sup> graders only) YES

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

MIP: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

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