

**Spring Semester Online 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)

Student Name: _____

Student Grade: _____ CT Name: _____

Parent Name: _____ Parent Email: _____

Student Email: _____ Phone: _____

(Please print email clearly. We will be emailing you 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)

MY TOP 2 Choices

	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					

Emergency Form and Parent Agreement must be on file.

Office Use Only

CT Emailed _____

Emergency Form Completed and Returned: _____

Vaccinations (K - 4th, 7th, 8th grades only) YES

MIP: \$ _____ DATE: _____