

**Alder Grove Classes Registration Form**  
**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**

**Semester (please circle):      FALL                  SPRING**

**I understand that due to COVID restrictions, classes may revert to Virtual Only if mandated.** \_\_\_\_\_  
(please initial)

Student Name: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_  
 (If different from above, this is the name that will appear on the class roll.)

Student Grade: \_\_\_\_\_ Student Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ CT Name: \_\_\_\_\_

Does this student have any allergies?      YES                  NO                  If Yes, please list here:

If YES, does this allergy require an EPI pen?      YES                  NO

Does this student have an IEP or 504 plan?      IEP                  504

**Please indicate (X) whether the student is attending On-Campus or Virtually where applicable. (see schedule)**

	Class Name	Day/Time	Teacher	Price	On-Campus	Virtual
<b>Class 1</b>						
<b>Class 2</b>						
<b>Class 3</b>						
<b>Class 4</b>						
<b>Class 5</b>						
<b>Class 6</b>						
<b>Class 7</b>						

**Please include day(s)/time(s) your student will be attending Study Hall and/or On-Campus Math Lab.**

**PLEASE TURN OVER:**  
**BEHAVIOR POLICY MUST BE SIGNED BY STUDENT AND PARENT/GUARDIAN**

Office Use Only

Vaccinations    YES

Lottery # \_\_\_\_\_

MIP: \$ \_\_\_\_\_ Date: \_\_\_\_\_