Alder Grove Classes Registration Form
K - 8 Students
Alder Grove Charter School
714 F St. Eureka, CA 95501
Email: classes@aldergrovecharter.org
Fax: 707-268-0813

Semester (please check): FALL ☐ SPRING ☐

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 ☐

MY TOP 2 CHOICES: 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
Class 1						
Class 2						

IF THERE IS SPACE, I WOULD ALSO LIKE:

	Class Name	Day/Time	Teacher	Price	On-Campus	Virtual
Class 4						
Class 5						
Class 6						

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: _____ Processed: _____