



ROP ENROLLMENT APPLICATION

Students Enrolling in 9-12 Schools While Taking
ROP Classes

Class will be taught in :
 Summer Fall
 Year-Round Spring
 Year _____

ROP COURSE INFORMATION

Official Course Title (From ROP Schedule)	ROP Class Code #
Teacher	Class Location
	Start Date
	Start Time

STUDENT INFORMATION

Last Name	First Name	Middle Initial	Date of Birth
Street Address	City	Zip	(Area Code) Home Phone
Social Security or Green Card #	Student ID #	Name of your own School	

Gender	Write your AGE	Check your GRADE at the time you will start this class	<u>(ROP OFFICE USE ONLY)</u>
<input type="checkbox"/> Female	yrs	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	
<input type="checkbox"/> Male			
<u>Check ALL of the items that apply to you. All information is confidential</u>			
<input type="checkbox"/> Limited English <input type="checkbox"/> Migrant <input type="checkbox"/> Family received public assistance <input type="checkbox"/> Foster Youth <input type="checkbox"/> Active IEP <input type="checkbox"/> Active 504 plan <input type="checkbox"/> Family eligible for free/reduced lunch			
<u>Check ONLY ONE of the following which best describes your ethnicity</u>			
<input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American or Black <input type="checkbox"/> Filipino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			

SIGNATURES:

_____ Student's signature	_____ Parent's or Guardian's signature (Only required if student leaves campus)	_____ School Representative's signature (Required)
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EMERGENCY INFORMATION

_____ Emergency Contact Name	_____ Relationship	_____ (Area Code) Emergency Phone
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Under-Age Student Authorization: If the students is under the age of 16 and not in the 11th or 12th grade, the School Principal must provide prior authorization to enroll that student in an ROP course. The referring school official must write a statement below why the student's educational goals cannot be met without enrollment.

_____ Principal's or Designee's signature	_____ Date signed	_____ County ROP Administrator's Signature	_____ Date signed
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