



ROP ENROLLMENT APPLICATION

All information is kept **CONFIDENTIAL**

Please Return this Form to ROP Teacher

For ROP Use

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

ROP COURSE INFORMATION

Official Course Title (from ROP schedule) _____ Section Code # _____

Teacher _____ Class Location (School Name) _____ Date (1st day in class) _____ Period _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Street Address _____ City _____ Zip _____ Home Phone _____

Student ID # _____ Email Address _____ Name of your home school _____

You MUST fill in the requested information or check one box in each section

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Enter your AGE at the time you will start this class <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 Other: _____	Enter your GRADE at the time you will start this class <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Check ALL of the items that apply to you (all information is confidential)

<input type="checkbox"/> Limited English	<input type="checkbox"/> Migrant	<input type="checkbox"/> Family receives public assistance	<input type="checkbox"/> Foster Youth
<input type="checkbox"/> Have active IEP	<input type="checkbox"/> Have active 504 plan	<input type="checkbox"/> Family eligible for free/reduced lunch	<input type="checkbox"/> None Apply

Please mark the ETHNICITY which the student most closely identifies::

Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin) Not Hispanic or Latino

The Above question is about ETHNICITY, not race. No matter what you selected above, check the race(s) that best describes you:

Caucasian or White African American or Black Asian Asian Indian Native Hawaiian or other Pacific Islander
 Filipino American Indian Alaskan Native Other: _____

EMERGENCY INFORMATION:

Emergency Contact Name _____ Relationship _____

Emergency Phone (Home) _____ (Cell) _____ (Work) _____

Regional Occupational Program (ROP) classes are open to all high school students. No person shall be subjected to discrimination on the basis of race, color, national origin, age, religion, political affiliation, gender, gender expression, gender identity, mental or physical disability, sexual orientation, parental or marital status, or any other basis protected by federal, state, or local law, ordinance or regulation, in SCUSD's educational program(s) or employment.

The student and staff signatures below indicate a commitment to abide to the terms set forth in the course syllabus. A parent signature is only required if the student will be leaving the campus to take part in ROP activities during the school day; this includes participating in a community classroom (CC), Cooperative Vocational Education (CVE) environment, or attending a ROP class at a different campus.

SIGNATURES:

Student _____ Parent or Guardian _____ Date _____ ROP Staff _____ Date _____
(Only required if student leaves campus) (Required) (Required)