



ROP ENROLLMENT APPLICATION

(ADULTS ONLY)

All information is kept confidential

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 _____ Start Date _____ Start Time _____

STUDENT INFORMATION

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

Street Address _____ City _____ Zip _____ Home Phone _____

Social Security # _____ Gender _____ Single Married Marital Status _____ # of children living in home _____

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

<p>Education</p> <p><input type="checkbox"/> G.E.D. <input type="checkbox"/> Associates Degree</p> <p><input type="checkbox"/> High School Diploma <input type="checkbox"/> 4-year College Degree</p>	<p>Disability</p> <p><input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Orthopedically Impaired</p> <p><input type="checkbox"/> Vision Impaired <input type="checkbox"/> Other <input type="checkbox"/> None</p>
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Check ALL of the items that apply to you (all information is confidential)

Limited English Migrant Out of school youth Foster Youth

Displaced Homemaker Dislocated Worker Need basic reading and math skills None Apply

Please mark the ETHNICITY with which you most closely identify:

Hispanic /Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish Culture or Origin)

Not Hispanic or Latino

The above question is about ETHNICITY, not race. No matter what you selected above, check up to five races that best describe you:

Caucasian or White African American or Black Asian Asian Indian

Native Hawaiian or other Pacific Islander American Indian or Alaskan Native Other _____

Primary Language at home: _____

Check one of the following which best describes your situation

SSI CalWORKS Unemployment Insurance (or recently used up UI benefits) Other Public Assistance

SSDI GA Household is eligible for free/reduced-price school lunch None of these apply

Household income (per month) \$ _____

EMERGENCY INFORMATION: _____ () _____

Contact Name Relationship Emergency Phone

I understand that high school students have priority over adults in ROP classes. Adults are accepted on a first-come, first-served basis if there is room in the class as determined by the district. I further understand that some classes charge materials and other fees which vary widely.

Student Signature (required)

How did you hear about ROP? _____

Sacramento County ROP Career Center • P.O. Box 269003 • Sacramento, CA 95826-9003 • (916) 228-2721
 Training opportunities open to all regardless of race, color, ancestry, religion, age, gender or disability.
 If you feel you have been discriminated against, call the Title IX Coordinator at (916) 228-2550.

DISTRIBUTE ONE COPY EACH TO: ROP Attendance, Teacher, School District, Student (Rev. 6/09)

