

ROP UNDERAGE APPLICATION

(For Students under age 16 - Students 16 or older complete a ROP Enrollment Application)

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 # _____ Student ID # (optional) _____ Name of your school _____

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

Gender Male Female

Enter your AGE at the time you will start this class _____

Enter your GRADE at the time you will start this class _____

Check ALL of the items that apply to you (all information is confidential)

Limited English Migrant Family receives public assistance Foster Youth

Have active IEP Have active 504 plan Family eligible for free/reduced lunch None Apply

Please mark the ETHNICITY with 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 up to **five** races that best describes you:

Caucasian or White African American or Black Asian Asian Indian

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

EMERGENCY INFORMATION: _____ () _____

Contact Name Relationship Telephone

Career Technical Education Sequence: As part of the Student's Comprehensive Education Plan

Grade Level	CTE Sequence:	Rationale (check one)
9		<input type="checkbox"/> There is a high probability that this student will leave school prior to graduation, therefore he/she has been enrolled in a career path sequence.
10		
11		<input type="checkbox"/> This will enable me to obtain a post-secondary vocational certificate, diploma, or equivalent in my present career goal, which is:
12		

SIGNATURES:

Student _____ Parent or Guardian Date _____ School Representative Date _____

(Only required if student leaves campus) (Required) (Required)

SCOE Administrator Date _____

