



# Santa Cruz County Regional Occupational Program

400 Encinal St. Santa Cruz, Ca 95060 466-5760

## SAVE A SPOT



**Please Print**

<b>Date:</b>	<b>Circle one</b> Fall – Spring – Summer	<b>Class Location:</b>
<b>Course Name:</b>	<b>Instructor:</b>	

<b>Last Name:</b>	<b>First:</b>	<b>MI:</b>	<b>Age:</b>
<b>Street Address:</b>			
<b>City:</b>	<b>Zipcode:</b>	<b>Student School ID Number:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>E-Mail:</b>	
<b>Birth Date:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Current Grade:</b> <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<b>Graduation Year:</b>
<b>Home School:</b>		<b>High School Counselor:</b>	
<b>Check Ethnicity:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other/Hispanic/Latino <input type="checkbox"/> White			

**Student Complete:** (For additional space use the other side)

**Why do you want to be in this class?**

**What is your transportation plan to get to this class?**

I understand this class is year long and I am committed to take the class for the entire year. I also understand, I am responsible for my own transportation.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ROP Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Regional Occupational Program is in compliance with the Federal and State Regulations: Title VI and VII of the Civil Rights Act; the California Fair Employment Practices Act; Chapter 4 Division 1 of Title 5; the California Administrative Code; and Title IX (Nondiscrimination on the basis of sex) of the Educational Amendments of 1972.