

**CENTRAL SIERRA REGIONAL OCCUPATIONAL PROGRAM**

4675 Missouri Flat Road ■ Placerville, CA 95667  
 (530) 622-5081, ext. 7239 ■ Fax: (530) 642-0287

**COSMETOLOGY, HEALTH CAREERS, or AUTO ENGINE STUDENT ENROLLMENT FORM AND ADMISSION AGREEMENT**

1. FULL NAME		2. DATE OF BIRTH	3. STUDENT ID #
4. MAILING ADDRESS (Street – PO Box – City – Zip):		5. STUDENT CONTACT INFORMATION Home Phone: (     ) _____ Cell Phone: (     ) _____ E-Mail: _____	
6. SCHOOL OF ATTENDANCE	7. GRADE IN 2018/19	8. COURSE TITLE: If choosing Cosmetology indicate Fall or Spring start	
9. EMERGENCY INFORMATION	CONTACT: (Name) _____ Relationship: _____ PHONE: Home _____ Cell _____ Business _____		

**STUDENT AGREEMENT:** Students are expected to participate in all ROP activities, whether on or off campus, including community site training, field trips, and any necessary travel related to regular ROP instruction. Students are responsible for their own transportation. High school students under the age of 18 must have parental/guardian permission to participate.

X _____ <i>Student Signature</i>	_____ <i>Date</i>	X _____ <i>Parent / Guardian Signature</i>	_____ <i>Date</i>
X _____ <i>Counselor Signature</i>	_____ <i>Date</i>	X _____ <i>Current School of Attendance</i>	

**MEDIA RELEASE AGREEMENT:** Students participating in the Central Sierra Regional Occupation Program (CSROP) are occasionally asked to be a part of publicity, publications, and/or public relations activities. In order to share positive information about our programs with the community, we request your permission to use a photograph, video or audio recording, and/or written work of your child. The CSROP agrees that the student's name, picture (still or video), written work, voice, and/or verbal statements shall only be used for public relations, public information, school or district promotion, and instruction. Your signature on this document indicates that you have read this release form and granted permission for use as described herein. If the Student and Parent/Guardian wish to rescind this consent, they may do so at any time with written notice.

X _____ <i>Student Signature</i>	_____ <i>Date</i>	X _____ <i>Parent / Guardian Signature (if student is under 18)</i>	_____ <i>Date</i>
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**STATEMENT OF ACHIEVEMENTS AND GOALS**

1. List your occupational and/or academic goals as it relates to this course.

*Please Answer on a Separate Sheet of Paper*

2. Provide a personal statement of why you feel you should be selected to participate in this ROP course. Include courses you have taken, job training, clubs, and/or student organizations you may have participated in for preparation of this course.

*Please Answer on a Separate Sheet of Paper*