

# ROP Student Enrollment Form and Admission Agreement

|   |  |                       |
|---|--|-----------------------|
| 1. Student Name: _____  | 2. Date of Birth: _____  | 3. Student ID # _____ |
| 4. Mailing address (Street—P.O. Box—City—Zip Code):<br>_____<br>_____<br>Physical address (if different):<br>_____<br>_____ | 5. Student Contact Information<br>Home Phone: _____<br>Cell Phone: _____<br>Email: _____ |                       |
| 6. Current School of Attendance 2018/19: _____  | 7. Grade in 2019/20: _____   |                       |

8. ROP Course Title: \_\_\_\_\_

*\*Cosmetology, Animal Health and Health Careers require Statement of Achievement Goals (see reverse)*

9. Emergency Information (Parent or Guardian):

Contact: (Name) \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (Home/Business): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**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 grant 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 to the CTE office.

**X** \_\_\_\_\_ **X** \_\_\_\_\_

Student Signature Date Parent/Guardian Signature Date

**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. NOTE: Students enrolled in Dental or Health Careers, are required to participate in a second semester externship, and must have no prior drug offense(s). High school students under the age of 18 must have parental/guardian permission to participate.


**X** \_\_\_\_\_ **X** \_\_\_\_\_

Student Signature Date Parent/Guardian Signature Date

**X** \_\_\_\_\_

Counselor Signature Date

For more information, visit your High School Career Center or the  
Central Sierra Regional Occupational Program



**EL DORADO**  
EST. 1995 UNION HIGH SCHOOL DISTRICT

El Dorado High School District  
4675 Missouri Flat Road, Placerville, CA 95667  
<http://www.eduhsd.k12.ca.us/Educational-Services/Career-Technical-EducationROP>  
530-344-8524, ext. 7239

## **STATEMENT OF ACHIEVEMENTS AND GOALS**

**\*FOR COSMETOLOGY, ANIMAL HEALTH AND HEALTH CAREERS APPLICATIONS**

**Please answer on a separate sheet of paper**

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