



# 2019 SUMMER SESSION APPLICATION

**STUDENT DIRECTIONS:**

- Step #1: Complete and print this application. (Go to your Counselor or ROP Instructor if you need assistance.)
- Step #2: Complete and return this application to your Counselor or ROP Career Guidance Specialist **no later than Friday, April 19<sup>th</sup>**. He or she will make a copy of the signed, completed application to give to you.  
**Note that completion and submission of this application does not guarantee enrollment.**
- Step #3: ROP will notify students of their status via **email** on or before Monday, May 6<sup>th</sup>. Late applications will be accepted; however, these students will be placed on a waiting list and only contacted if space becomes available.  
**IMPORTANT: Do not use your school issued email address.**

Student First Name:		Student Last Name:	
Address:			Apt. #:
City:		State: CA	Zip Code:
Personal Email Address ( <i>Do not use school issued Email</i> ):			
Student Phone:		Current School:	
Birth Date: ____ (MM) ____ (DD) ____ (YYYY)		District Student ID#	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Neutral		Current 2018-19 Grade Level ( <b>Select One</b> )	
Ethnicity: <b>Select Primary Race (Select One)</b>		One_	
The ROP <b>Course Title</b> requested is ( <b>Select one</b> ):			
If taking <i>Medical Careers</i> or <i>Body Systems &amp; Disorders</i> , which <b>Capstone Course</b> do you plan to take later? ( <b>Select One</b> )			
Parent/Guardian First Name:		Parent/Guardian Last Name:	
Relationship to Student:		Parent/Guardian Work Phone:	
Parent/Guardian Home Phone:		Parent/Guardian Cell Phone:	
Parent/Guardian Email Address:			
<b>AUTHORIZATION FOR ENROLLMENT OF MINORS:</b> <i>"My signature acknowledges that I give consent for my student to enroll in the above referenced class, that I have read, understand and agree to abide by the policies, procedures, student and parent rights found in the North Orange County ROP's Student Handbook (www.nocrop.org), and those set forth by my school and district."</i>			
Parent/Guardian Signature:		Date: ____ (MM) ____ (DD) ____ (YYYY)	

**CAREER GUIDANCE SPECIALIST (CGS) AND COUNSELOR DIRECTIONS:**

- Step #1: Review to verify if student meets prerequisites or other placement criteria and has a career pathway course sequence plan.
- Step #2: Sign application and make a copy to give to the student.
- Step #3: Submit application with a copy of the student's current transcript, 504 Plan, or IEP Plan as directed by ROP.  
Have questions? Please contact the ROP Administrator assigned to your school.

State ID # (CSIS):			
Check if any of the following apply to the student: <input type="checkbox"/> IEP Plan <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Other Information (please attach)			
CGS/Counselor Printed Name:			Phone #:
CGS/Counselor Signature:			Date:



North Orange County ROP is fully accredited by the Accrediting Commission for Schools, Western Association of Schools and Colleges.

ROP programs and activities shall be free from discrimination, including harassment, with respect to the actual or perceived ethnic group, religion, gender, color, race, ancestry, national origin, physical or mental disability, age, or sexual orientation. The Governing Board shall ensure equal opportunities for all students in admission and access to the educational program, guidance services, testing procedures, and other activities. ROP staff and volunteers shall carefully guard against discrimination, segregation, bias, and stereotyping in instruction, guidance, and supervision. Board Policy 5145.3

<b>FOR OFFICE USE ONLY</b>			
ROP Administrator/Manager Signature:	Date:	SIS Tech Initials:	Date: