

Regional Occupational Program/Career Technical Education

Student Information Form



Santa Barbara County ROP/CTE
 4892 Bethany Lane
 Santa Maria, CA 93455
 (805) 937-8427
 www.sbcountyrop.com

Please Print – Please Use Pen (All information on this form remains confidential)

Course Title: _____ Instructor: _____ Class Periods/Times: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate: _____ Entry Date: _____ Semester (circle one)
 Fall Spring Summer

Address: _____ City: _____ Zip: _____ Sex: _____ Area Code: _____ Phone: _____ Year Semester Began: _____

Mother/Guardian Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____

Father/Guardian Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____

Ethnic Background

- White/Not Hispanic
- Black/Not Hispanic
- Hispanic
- Asian/Filipino
- Native Hawaiian/Other Pacific Islander
- Am. Indian/Alaskan Native

High School Students:

Name of Home High School: _____ Grade _____

High School Counselor: _____ Is this student a single parent? Yes _____

PARENT/GUARDIAN PERMISSION SECTION

1. Please list below any medical conditions that your child has that may require special attention or limit his/her participation in this class.

Medical Condition: _____

List Limitations: _____

2. In case of **emergency** and ROP/CTE or High School District is unable to contact parent/guardian: I authorize ROP/CTE or High School District to secure the services of a qualified doctor or hospital.

_____ **Yes** _____ **No** _____
 Initials Initials

3. I, the undersigned parent/guardian hereby grant the Santa Barbara County ROP/CTE permission to use my student's photographs, video or audio recordings for publicity purposes.

_____ **Yes** _____ **No** _____
 Initials Initials

✓ **Parent/Guardian Signature** _____

Esta forma esta disponible en español. Para obtener una copia llame la oficina de ROP/CTE, Tel. 937-8427.

THIS SECTION FOR INSTRUCTOR USE ONLY

CERTIFICATE HOURS: _____

TOTAL HOURS THIS SEMESTER: _____

REV. 9/14

DROP

1. Date _____
2. Reason for Drop _____
3. Parent contacted by _____
4. Grade at time of drop _____