



REGISTRATION FORM FEE-BASED CLASSES

Circle semester:
Summer Spring Fall

STUDENT INFORMATION - PLEASE PRINT					
Last Name	First Name	M. Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number - -	
Address		ZIP Code	City		Phone ()

Please provide all information requested on both sides of the form.

Birth Date
 _____/_____/_____

Education (Mark one)

- None
- GED Certificate
- High School Diploma
- Technical/Certificate
- Some College
- A.A./A.S. Degree
- Bachelor Degree
- Graduate Degree

Ethnicity

- American Indian
- Alaskan Native
- Asian
- Pacific Islander
- Filipino
- Latino/Hispanic
- African American (not of Hispanic origin)
- White (not of Hispanic origin)
- Other

Native Language

- English
- Spanish
- Vietnamese
- Chinese
- Hmong
- Cambodian
- Tagalog
- Korean
- Lao
- Armenian
- Russian
- Farsi
- Other

How did you discover North Orange County ROP career-technical classes and services?

- Course schedule
- Friend or family
- Internet search
- Newspaper
- Postcard mailed to home
- Public library
- Web site (www.nocrop.us)
- Other

Do you have Internet access to visit our schedule online? Yes No

Please check all that apply:

- Blind or visually impaired
- Deaf or hard of hearing
- Orthopedic disability (includes arthritic conditions)
- Other disability/health issues
- Disabled Student Services client
- State or private rehab. client
- Mentally/emotionally impaired
- Learning disabled
- Speech impaired
- None of the above

Please check yearly household income:

- \$10,830
- 14,570
- 18,310
- 22,050
- 25,790
- 29,530
- 33,270
- 37,010
- 40,750
- 44,490
- 48,230
- 51,970
- 55,710
- 59,450
- 63,190

Family size (number):

Marital status:

- Single
- Single Head of Household
- Married
- Divorced
- Widowed

- Basic Skill Deficiency
- Cal Learn
- Calif. Training (EDD)/Work Comp
- CalWORKS Recipient
- Client of State/Private Rehab.
- Current Military
- Disabled Student Services Client
- Dislocated Worker
- Displaced Homemaker
- Economically Disadvantaged
- Food Stamps
- General Relief
- JTPA/WIA
- Limited English Proficient
- Medi-Cal
- Single Parent in Transition
- Social Security Disability Insurance
- SSI Recipient
- SSR Social Security Retirement
- State Disability Insurance Recipient
- TANF
- Total Migrant
- Veteran
- Workability

▶ FILL IN COURSE INFORMATION - PLEASE PRINT IN BOXES BELOW						
Section Code	Title	Instructor	Day(s)	Time	Start Date	

Refund Policy: Class fees are refundable only up to 2 days (48 hours) before your class starts. No refunds will be granted after this, except when the class is cancelled or over-enrolled.

Your signature acknowledges that you have read this policy.

Sign Here _____ Signature of student _____ Date

- Fee-based classes must have a minimum number of students to operate.
- Students must meet minimum age and other prerequisite requirements.
- All adult and high school students are required to pay, as this class is not publicly funded. No fee waivers are issued for this class.
- ~~Fees do not include the cost of materials or textbooks.~~
- Payment is due in full upon registration by cash, credit card, or money order only. No personal checks are accepted.

PBA PRIVACY NOTICE AND STUDENT CONSENT FORM

PRIVACY NOTICE AND INFORMATION FOR STUDENTS: The State Job Training Coordinating Council (SJTCC) is gathering information about students to evaluate California's work force training system. The SJTCC is asking for your social security number and other information, as listed below.

If you agree, the school will report the following information: your name; social security number; birth date; gender; ethnicity; date of enrollment and departure date from this workforce education, or training program; the type and amount of training and services received; whether you are economically disadvantaged, disabled, a dislocated worker, a displaced homemaker, or a veteran; whether you are deficient in basic skills or limited in English proficiency; and your education level.

The SJTCC will keep this information on file in its Performance Based Accountability (PBA) System. During the three years after you complete or leave this training program, the SJTCC will gather information related to your enrollment in other education programs, your status in the workforce (type of employment, wages earned, unemployment or disability payments received; and enrollment in any welfare program.

All information about you and other students will be summed up by the SJTCC to determine the success of the workforce training programs you are enrolled in. You will not be individually identified in any of the reports made to the public. Other state and federal agencies that are concerned with the administration of workforce development programs may have access to your individual data.

You may decide whether to provide your social security number and release the other information; it is voluntary. If you do not wish to release this information you can still enroll in workforce education and training programs, or in any other education program. Your grades will not be affected. Authority to ask for your social security number for this purpose is in the California Unemployment Insurance Code, Section 15037.1.

After you have read this form, please mark one of the choices below, then sign and date this form.

STUDENT CONSENT (*Only students who are 18 years of age or older, and not enrolled in high school, should complete and sign this section.)

- Yes, I have been informed of the ways my Social Security Number and other information will be used. I have voluntarily decided to provide this information.
- No, I do not want to give my Social Security Number or other information. I have voluntarily decided NOT to provide this information

Sign Here

Signature

WAIVER AND RELEASE FORM

I understand that this course may require me to perform certain activities that include, but are not limited to, the following: considerable standing, heavy lifting, repetitive hand and arm motions that may cause or exacerbate any pre-existing auto-immune, muscular, joint, cardiovascular, neurological and/or orthopedic conditions. Knowing the risks of such activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless the North Orange County Regional Occupational Program, its governing board, officers, employees, agents, and/or representatives who might otherwise be liable to me (or heirs or assigns) for damages.

I agree to accept and abide by the rules and regulations of the North Orange County Regional Occupational Program with respect to my participation in the above referenced course.

Sign Here

Signature of student

Date

- Authorization by a parent or guardian is required for students under 18 years of age.

(Please review students' rights.)

Signature of Parent/Guardian

Date

Aim #	CC/MO	Check	Cash	Amount Paid	Date	Cashier

ROP Education Center • 385 N. Muller Street, Anaheim, California 92801-5445 • Telephone 714-502-5858

Regular registration hours: 8:00 A.M. to 5:00 P.M., Monday through Friday