



Merced County Regional Occupational Program

Merced County Office of Education
632 West 13th Street, Merced CA 95340
(209) 381-6607

REGISTRATION PERMIT

STUDENT: Use ink, print, pressing firmly.

Name: _____ High School: _____ Birthdate: _____

Mailing Address: _____ City/Zip: _____ Telephone: _____

ROP Class Title: _____ ROP Class Code _____ ROP Instructor _____

PARENT/GUARDIAN CLASS PERMISSION

I give permission to my son/daughter to attend the above class and agree to assume the responsibility of directing my son/daughter to cooperate with the school representative in charge. I further understand that ROP training may also take place in the community and give my permission for such training.

PARENT/GUARDIAN DATE

PARENT/GUARDIAN MEDICAL PERMISSION

In the event my child becomes ill or injured and I cannot be located at home, please call me at my place of business: _____

Mother's name _____

Place of Employment _____

Phone # _____

Father's name _____

Place of Employment _____

Phone # _____

I prefer my child to be taken to:

Dr. _____ Phone # _____

and/or _____ Hospital

if an emergency treatment seems necessary. In the event neither parent can be reached at home or place of business, please call:

Name _____

Phone _____

Date of last Tetanus shot _____

Any special medical problems or allergies to any medication?

NOTE: State law authorizes school officials to arrange for reasonable emergency treatment by a physician or hospital when a pupil is ill or injured at school unless a parent or guardian files with the school district a written objection to any medication treatment other than first aid. (Education Code Section 49407-49408). Should an emergency arise, a sincere effort to contact you immediately will be made, circumstances permitting. I have read the foregoing and consent to such emergency treatment by a physician or hospital as is deemed reasonable in the event my child is ill or injured at any ROP sponsored activity on or off the school grounds.

Mother's Signature _____

Home Phone _____

Father's Signature _____

Home Phone _____

TRANSPORTATION PERMISSION

Riding in the ROP bus/van is a privilege, not a right. Cooperation with the bus drivers is required of all students. Drivers are charged with student safety. Continued disorderly conduct or persistent refusal to submit to the authority of the driver shall be sufficient reason for refusing transportation of any student. Other students will not be transported on the ROP bus/van. I hereby consent to the Merced County Office of Education transporting my child on the ROP bus/van to locations within the County of Merced for the purpose of ROP training and related educational activities.

PARENT/GUARDIAN SIGNATURE DATE

IF STUDENT IS ALLOWED TO DRIVE OFF-CAMPUS, PLEASE COMPLETE THIS SECTION:

I hereby give my son/daughter permission to drive his/her own vehicle to and from off-campus ROP classes during the regular school day. I understand that regularly scheduled transportation is provided from the school to the ROP class site and back to school. **I further understand that students driving their own vehicles are not allowed to transport other students under any circumstances. Students who do not use ROP provided transportation may only be transported to ROP sites by a parent, a legal guardian or themselves.**

PARENT/GUARDIAN SIGNATURE DATE

MEDIA RELEASE CONSENT

Students participating in Merced County Regional Occupational Programs (ROP) 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, while guaranteeing student privacy, we request your permission to use a photograph, video or audio recording, and/or written work of your child.

The Merced County Regional Occupational Program agrees that the student's name, picture (still or video), art, written work, voice, and/or verbal statements shall only be used for public relations, public information, school or district promotion, and instruction.

Please sign the statement below. 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 agreement, they may do so at any time with written notice.

PARENT/GUARDIAN SIGNATURE DATE

The Merced County Regional Occupational Program does not discriminate on the basis of race, color, national origin, sex, or handicap in its educational programs and activities. Equal Employment Opportunity.