



PARENT CONSENT FORM FOR REGIONAL COURSES

Updated 1/24/2025

This form pertains to the pre-registration for regional courses with North Orange County ROP. Please complete the form along with student and parent/guardian signatures and return it to your high school counselor so they can complete the pre-registration process.

I understand that:

- Students must be incoming 9th, 10th, 11th, or 12th-grade students for the 2025-26 school year from one of our five partner districts:
 - Anaheim Union High School District
 - Brea Olinda Unified School District
 - Fullerton Joint Union High School District
 - Los Alamitos Unified School District
 - Placentia-Yorba Linda Unified School District
- Students must be available for the entire course schedule. ROP will not make accommodations for personal schedules.
- Students must have a career pathway course sequence plan for the Patient Care Pathway.
- Students must have transportation to attend and exit class on time. ROP and its partner districts cannot provide transportation.
- Applying does not guarantee enrollment into the course. ROP will email parents/guardians and students notification of their status.
- ROP cannot accommodate early acceptance.
- ROP may cancel a course offering at any time.
- ROP reports the attendance hours and final grades to the students' high schools. The high schools determine and award transcript credit for students based on this information.
- ROP reserves the right to dismiss students from the course offering due to excessive absences, tardiness, and other misbehavior. See the Student Handbook for ROP rights and policies at www.nocrop.org.
- Note: Students should bring a bagged snack or lunch. ROP does not provide food services, and students are unsupervised during break/lunch. **Students are to remain on campus during class and break times.**

ROP Course title and location requested: _____

Term (circle one): Summer Fall Spring

Printed Name of Student: _____ Grade: _____

Student's Personal Email Address: _____ Student ID#: _____

Signature of student: _____ Date: _____

Printers Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____