

**MISSION TRAILS REGIONAL OCCUPATIONAL PROGRAM
ADULT REGISTRATION**

REGISTRATION _____ TRANSFER--FROM _____ SEC: _____ TO COURSE BELOW
 Did you receive Assessment/Counseling Services? _____ YES _____ NO

ENTRY DATE: _____ FALL: _____ SPRING: _____ SUMMER: _____
 COURSE: _____ SEC: _____ COURSE ID: _____ INSTRUCTOR: _____

NAME: _____ M _____ F _____ AGE _____
(Last) (First) (Middle) (Check one)
 ADDRESS: _____ CITY: _____ ZIP CODE: _____ HOME PHONE: _____
 SOCIAL SECURITY NO: _____ / _____ / _____ BIRTHDATE: _____ / _____ / _____ BIRTH PLACE: _____
 EMERGENCY CONTACT PERSON: _____
(Name) (Relationship) (Phone number)
 PERSONAL PHYSICIAN: _____
(Name) (Phone)

In order to continue to provide quality vocational training, we need to fulfill certain statistical requirements. Please complete the following. This information will be kept confidential.

ETHNIC BACKGROUND - Please circle one:

1 American Indian/Alaskan Native	2 Asian	3 Pacific Islander	4 Filipino
5 Hispanic	6 Black (Not Hispanic)	7 Caucasian (Not Hispanic)	

PLEASE ANSWER ALL THE QUESTIONS BELOW BY CIRCLING YOUR ANSWER

Are you a Displaced Homemaker (no substantial employment outside home).....YES NO
 Are you a Single Parent.....YES NO
 Are you a Single Pregnant Woman.....YES NO
 Are you Limited English Proficient (ESL at the Adult School: LEVEL _____).....YES NO
 Are you Disabled (Handicapped). circle one or more :VISUALLY/HEARING/ORTHOPEDECALLY
 Are you currently on Parole, Probation or connected with a Halfway House.....YES NO
 Are you a graduate: Circle one:.....HIGH SCHOOL DIPLOMA/GED/PENDING NO
 Education Level: Circle one:.....7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 /16
 In an emergency the school has permission to seek medical aid.....YES NO

PBA Privacy Notice and Student Consent Form:
 You have read the form, which explains of the ways your social security number and other information, will be used.
 Do you want to voluntarily provide this information?.....YES NO

Are you a participant in one or more of the following programs? These programs will waive the ROP admission fee:
 (Check where applicable)

<input type="checkbox"/> Social Security	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> MediCal/MediCare	<input type="checkbox"/> General Assistance
<input type="checkbox"/> BOG Grant	<input type="checkbox"/> JTPA	<input type="checkbox"/> CalWORKs	<input type="checkbox"/> Pell Grant
<input type="checkbox"/> Low Income			

Please check if you are a participant in any of the following programs:

<input type="checkbox"/> HSD/GED	<input type="checkbox"/> NOVA	<input type="checkbox"/> Job Corps	<input type="checkbox"/> Veteran
<input type="checkbox"/> EDD	<input type="checkbox"/> WIC	<input type="checkbox"/> CCA	<input type="checkbox"/> Disability Insurance
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Dept of Rehab	<input type="checkbox"/> Private Rehab	<input type="checkbox"/> Receipt #

I understand that enrollment fees and book/lab fees are **NON-REFUNDABLE UPON ENTRY DATE**. The enrollment fee is charged for **each school year**. My signature below indicates I have read and I understand this policy.

Signature _____ Date _____ ROP Representative Signature _____

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 from this work force 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 achievement 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 work force (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 work force training programs you are enrolled in. You will not be individually identified in any reports made to the public. Other state and federal government agencies that are concerned with the administration work force 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 work force 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 the form.

----- STUDENT CONSENT -----

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

Name of student (type or print): _____

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

My social security number is - -

NO I do not want to give my social security number or other information. I have voluntarily decided NOT to provide this information.

Student Signature

Date

ADULT SERVICES INFORMATION

NAME _____ TODAY'S DATE _____

ADDRESS _____ PHONE NO. _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

(CIRCLE ALL THAT APPLY): HIGH SCHOOL DIPLOMA / GED / AA / BA

VOCATIONAL/COLLEGE COURSES COMPLETED? _____

CURRENTLY EMPLOYED? No Yes, Where _____

PREVIOUS EMPLOYMENT _____

ROP COURSES ENROLLED/ENROLLING IN: _____ Sec. _____

_____ Sec. _____

CAREER GOAL? _____

Career Interest Survey Completed DATE: _____ INT.: _____

The staff at Mission Trails ROP is looking forward to working with you on your journey through ROP.

The following services have been helpful to students in the past and are available to you as you may need them. Please indicate the services that you think could help you successfully complete your ROP courses.

- Finding out your Reading, Math, Language, Spelling grade levels
- Starting/completing GED Certificate
- Learning my personality type and how it affects my life and work
- I am in need of Community Service referrals (i.e., Child Care, Transportation, Legal, etc.)
- I am in need of Job Seeking Skills (i.e., Resume Writing, Application Completing, Interviewing Skills, etc.)

ADULT SERVICES

STAFF ROLES & RESPONSIBILITIES

Michelle Georgalos, Adult Services Technician (831) 753-4202 M-F 7:30-3:00

- ✓ Register for, add another, or Drop an ROP course
- ✓ Assist in resolving attendance difficulties
- ✓ Make referrals to as necessary
- ✓ Information about community services: Adult Basic Education, Transportation, Counseling, Emergency Services, Legal Services, Health Services, etc.

Azalea Perez, Vocational Evaluator

(831) 753-4203 M-F 7:30-3:00

Kirsty Ryan, Vocational Evaluator

(831) 753-4209 ext. 132 M-F 8:15-2:45

- ✓ Information about community services: Adult Basic Education, Child care, Transportation, Counseling, Emergency Services, Legal Services, Health Services, etc.
- ✓ Assessments: interest, aptitude, basic skill (reading, language, & math) and learning styles.
- ✓ Job information: local opportunities, specific requirements, salary, training, etc.
- ✓ Vocational counseling and guidance, including assistance in career planning.
- ✓ Provide employment preparation assistance in the following areas:

Resume Writing
Cover Letters
Thank you Notes
Job Applications
Interview Skills
Job Seeking Strategies

Alex Urciuoli, GED Instructor

(831) 753-4209 ext. 122 T & TH 1:00-3:00

- ✓ Offers GED prep class (through Salinas Adult School)

Mission Trails Regional Occupation Program

867 East Laurel Drive, Salinas, CA 93905 (831) 753-4209

To create the most helpful atmosphere for your educational success, we have guidelines for student behavior. In general, any behavior which stops another student from studying or stops a teacher from working with students will not be tolerated.

CAMPUS RULES:

1. **TOBACCO IS PROHIBITED** on school campus, this includes outside the gate. Any students found using tobacco will be subject to disciplinary action.
2. **DRUGS AND ALCOHOL ARE PROHIBITED AND WILL NOT BE TOLERATED.** Police will be called, and citation(s) or arrest requested.
3. **PRESCRIPTION DRUGS** are to be carried in its prescribed, original container while on campus. **NO WEAPONS ALLOWED.** This includes pocket knives and toy look-alikes.
4. **NO EATING OR REFRESHMENTS** allowed in the classroom. Restaurant service hours for your convenience are posted: **9:35 am – 10:10 am** and **12:20 pm – 12:55 pm**
5. **NO LOITERING** in halls or in parking areas at any time. Only students having a valid excuse should be released prior to class ending.
6. **RESTROOM PASSES** are to be issued to one student at a time by the teacher. Arriving students must report to their class first and obtain a pass.
7. **STUDENTS ARRIVING ON THE BUS** are to go directly to their classes.
8. **SPEED LIMIT** on campus is **5 mph** and **15 mph** on the road leading to the ROP Center.
9. **PARKING SPACES** in front of the main building are designated for staff only. Student parking is to the right behind the Auto Shop building and at the rear of the facility.
10. **NO BACKING INTO PARKING SPACES**, except for those cars being worked on by the Auto Shop.
11. **NO BIKE RIDING** allowed on campus. All bikes are to be placed in the bike rack immediately upon arrival on campus.
12. **VISITORS PASS** – All visitors are to report to the administration office for a pass before going to any classes. Prior approval must be obtained from the class teacher before visiting or auditing.
13. **NO CLOTHING** which makes reference to drugs or alcohol, or which is sexually suggestive is allowed.
14. **NO HATS OR CAPS** are to be worn on campus.
15. **NO SUNGLASSES** are to be worn in the classroom.
16. **NO CELLULAR PHONES/PORTABLE PHONES, BEEPERS OR WALKMANS** allowed on campus.
17. **ABSENCES** – you are expected to call your teacher and explain the reason for your absence. Without teacher approval, after five (5) absences, you may be dropped from the class.

The following violations are causes that will subject the student to immediate dismissal from the school:

- **Threatening another student or school personal**
- **Fighting with or assaulting another student or school personnel**
- **Graffiti, vandalizing or stealing school property**
- **Cheating**
- **Using abusive or profane language**
- **Attending school under the influence of alcohol or other drugs**
- **Breaking any federal, state or local laws**
- **Sexual Harassment of any kind**

I have read and understand the above conditions and support the rules and expectations of the Mission Trails Regional Occupation Program. I understand that I may be dropped of I do not adhere to these guidelines.

Print your Name

Date

Student Signature

Reviewed with