

**Santa Clara County Regional Occupational Program
High School Registration**

PLEASE PRINT CLEARLY

Personal Information

Name: _____
First – Middle Initial – Last

Birth Date: ____/____/____
Month Day Year

Gender: (please circle one)
Male/Female

Ethnicity: (please circle one)

Alaskan Native American Indian Asian Black/African American Filipino
Hawaiian Native Hispanic/Latino Pacific Islander White Other
Do Not Wish to State

Address and Telephone

Mailing Address: _____ **City:** _____

Zip Code: _____ **Contact Phone Number:** _____

High School: _____ **Grade Level:** _____

Registration Information

Entry Date: _____ **Course Title:** _____

Section Number: _____