2616696 (PM) 6/15

SoCal ROC Student Enrollment Form (310) 224-4200

USE NO. 2 PENCIL ONLY

Last (Family) Name [redacted]

First Name & Initial [redacted]

05/16/2023 Area 3 PRINT Course Title/Location/Instructor For Fiscal Year 2324

FOR OFFICE USE ONLY

9/11/2023 To 1/31/2024

4533429

HOUSE # [redacted]

NORTH SOUTH EAST WEST

NAME OF STREET ONLY [redacted] STREET

AVENUE BLVD COURT DRIVE LANE PLACE PLAZA STREET

APT #

CITY [redacted]

ZIP CODE 90503

First Choice Pet Health

Second Choice

Third Choice

FIRST CHOICE		SECOND CHOICE		THIRD CHOICE	
Course	Sec.	Course	Sec.	Course	Sec.
273	F11				

Day Start Time

PM 6/15

Printed in the USA by Pearson MM234381-5 654321

Please continue on other side →

High School Currently Attending (mark one)

- ○ City Honors
- ○ El Segundo High School
- ○ Hillcrest High School
- ○ Inglewood High School
- ○ Kurt Shery High School
- ○ Mira Costa High School
- ○ Morningside High School
- ○ North High School
- ○ Palos Verdes High School
- ○ P.V. Peninsula High School
- ○ Rancho Del Mar High School
- ○ Redondo Shores High School
- ○ Redondo Union High School
- ○ South High School
- ○ Torrance High School
- ● West High School
- ○ Other _____

Grade Level at Start of Class

- [redacted]
- 9th grade
- 10th grade
- 11th grade
- 12th grade

Do you plan to ride the SoCal ROC bus?

- ○ Yes
- ● No

Mark One

- [redacted]
- Female
- Male

Ethnic Origin (mark one)

- [redacted]
- American Indian or Alaskan Native
- Asian
- Pacific Islander or Native Hawaiian
- Filipino
- Hispanic
- Black or African American
- White (not Hispanic)
- Multiple Ethnicities

Birth Date

Month	Day	Year
Jan	[redacted]	[redacted]
Feb	08	
Mar	● 0	
Apr	1 1	
May	2 2	
June	3 3	
July	4	
Aug	5	
Sept	6	
Oct	7	
Nov	● 8	
Dec	9	

USE NO. 2 PENCIL ONLY

SoCal ROC

SoCal ROC
2300 Crenshaw Boulevard
Torrance, CA 90501
(310) 224-4200

Is it difficult for you to speak, read, or write English because it is not your native language?

- ○ Yes
- ● No

Home Telephone

[redacted]

Emergency Telephone

[redacted]

→ **NAME OF EMERGENCY PARENT/GUARDIAN**

[redacted]

Emergency Telephone

[redacted]

→ **NAME OF EMERGENCY CONTACT PERSON**

[redacted]

FOR OFFICIAL USE ONLY

Corrections required?

- ○ Yes ○ No

If yes, what percentage?

- ○ 25% ○ 75%
- ○ 50% ○ 90%

Parent/Guardian Signature [redacted] Date: [redacted]

Student Signature [redacted] Date: 4/2/23

If you would like to receive information in the future, please provide an e-mail address. [redacted]