



Baldy View ROP Out of District Application to Register

ROP Class:	Class Location:	Class Time:
		Hours:
		Days of the Week:

Student Information

Name Last:	First:	Date of Birth:
Home Phone: ()	Student Email Address:	Gender: <input type="radio"/> Male <input type="radio"/> Female Ethnicity: African American ____ Alaskan Native ____ American Indian ____ Asian ____ Filipino ____ Other ____ Pacific Islander ____ White ____
Student Cell: ()	Parent Email Address:	
Parent Cell: ()		

I acknowledge that I have read the BVROP policies and agree:

Parent Signature _____ **Student Signature** _____

Home Address:	HS Grade Level: _____
City: _____ Zip Code: _____	

Home School Contact Information:

District/School Name _____

Address: _____
Street City Zip Code

Phone #: () _____

Payment Information

- Home School** _____
- Charter School** _____
- Other** _____

Form of Payment:

- Money Order
 - Credit Card
 - Purchase Order #
- (Please attach a copy of the P.O.)*

Priority enrollment is given to students enrolled in our member districts.

Name of School Official _____ **Signature of School Official** _____

2890 Inland Empire Blvd Ste. 100, Ontario, CA 91764
PHONE (909) 980-6490 FAX (909) 909-980-8931



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(For Payment Purposes)	(For Payment Purposes)
Fee Schedule (Per Student)	
5 Credit Class	\$ 635.00 <input type="checkbox"/>
10 Credit Class	\$ 1,270.00 <input type="checkbox"/>
15 Credit Class	\$ 1,905.00 <input type="checkbox"/>
20 Credit Class	\$ 2,540.00 <input type="checkbox"/>
50 Credit Class	\$ 6,350.00 <input type="checkbox"/>
For Office Use Only	
Received: _____	Date: _____
Processed: _____	Date: _____
Verification Sent: _____	Vaccination Records: _____

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