

Baldy View ROP School Counselor Certification From

Student Information

Student Name: _____

Home School: _____

Grade Level: _____

Graduation Year: _____

School Counselor Certification

I certify that the student named above is on track to graduate at the completion of their senior year of high school, in accordance with district and state graduation requirements.

School Counselor Name (Please Print): _____

Signature and Date: _____

Disclosure of Career Technical Education (CTE) Information

I authorize the release and sharing of my Career Technical Education (CTE) information, including courses completed and areas of competency, with employers, BVROP teachers, and the BVROP office for educational and career development purposes.

Student Name (Please Print): _____

Signature and Date: _____

Parent/Guardian Name (if minor) (Please Print): _____

Signature and Date: _____