2025-2026 Rockingham Apprenticeship and Technical Opportunities Partnership

TEACH Application Signature Page

By signing this form, I am certifying that I have applied to the RockATOP program for consideration for the 2025-2026 recruitment year. I understand that for my application to be considered, I must secure all signatures needed on this page.

_____ _____

Applicant Signature Date

_____ _____

Applicant Name (Printed) High School

By signing this form, I am certifying that I approve and am supportive of the applicant's application to the RockATOP program for consideration for the 2025-2026 recruitment year.

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name (Printed)

By signing this form, I am certifying that I approve and am supportive of the above individual's application to the RockATOP program for consideration for the 2025-2026 recruitment year and will provide copies of transcripts and attendance for all years of high school to rockatopnc@gmail.com prior to January 6, 2025.

_____ _____

Counselor/CDC/Home School Administrator Signature Date

_____ _____

Counselor/CDC/Home School Administrator Name (Printed) High School Name