

Wisconsin Youth Apprenticeship Program STUDENT REGISTRATION FORM

Send completed form as e-mail attachment to your
Regional Coordinator within 30 days of student employment
Date Form Completed _____

(Check One)
New Student
Change of Information
Student ID (if change) _____

Name _____		
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name/Initial</small>
Address _____		
City _____	Zip _____	Telephone _____
Date of Birth _____	SSN _____	Parent or Guardian _____

(Check One) <input type="checkbox"/> Female <input type="checkbox"/> Male	(Check One) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> Other
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Check if student has a **disability** which may affect job performance? Yes

Check if student is considered **at-risk** by school district's definition? Yes

Grade level in school: _____ Current Grade Point Average: _____ *(Must be translated to 4-point scale)*

Name of High School _____ District #: _____ School #: _____

YA Consortium _____	YA Grant # (e.g. 2S) _____
YA Coordinator _____	_____ / _____ (via e-mail)
<small>Printed Name</small>	<small>Signature</small>
YA Coordinator Telephone # _____	Extension _____

The apprenticeship will begin on _____ and be completed by _____
Month/Day/YearMonth/Day/Year

Program Type (Check one and identify year):

Level One (1-year) → Fiscal Year to Count
e.g. 2007-08

Level Two (2-year) → First Fiscal Year to Count
e.g. 2007-08

Program Area (Check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Auto Collision | <input type="checkbox"/> Health | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Auto Technician | <input type="checkbox"/> Insurance | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Industrial Equipment | <input type="checkbox"/> Prod Ag/Animal Science |
| <input type="checkbox"/> DD/Architecture | <input type="checkbox"/> Info Tech | <input type="checkbox"/> Prod Ag/Soils & Crops |
| <input type="checkbox"/> DD/Engineering | <input type="checkbox"/> Info Tech/Networking | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> DD/Mechanical Design | <input type="checkbox"/> Lodging Management | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Logistics | |

Employment Information

Primary Employer

Name of Business _____ Employer ID _____

Mailing Address _____
Mailing Address City State Zip Code

Mentor Name _____ Telephone _____
First Last

E-Mail Address _____

Student Starting Wage \$ _____ /per hour Employment Start Date _____
(must be minimum wage or higher)

Secondary Employer

Name of Business _____ Employer ID _____

Mailing Address _____
Mailing Address City State Zip Code

Mentor Name _____ Telephone _____
First Last

E-Mail Address _____

Student Starting Wage \$ _____ /per hour Employment Start Date _____
(must be minimum wage or higher)

Secondary Employer

Name of Business _____ Employer ID _____

Mailing Address _____
Mailing Address City State Zip Code

Mentor Name _____ Telephone _____
First Last

E-Mail Address _____

Student Starting Wage \$ _____ /per hour Employment Start Date _____
(must be minimum wage or higher)

**Remember: The employer and the school district must have a signed Education/Training Agreement on file for every youth apprentice per DWD 270.03 (3)(a)(b).
 You do not need to send a copy of the agreement to DWD.
 Child labor laws apply to all youth apprentices!**

Send completed form to your Regional Coordinator as an e-mail attachment. For a listing of Regional Coordinators and their e-mail addresses, go to the following web site:
<http://dwd.wisconsin.gov/youthapprenticeship/coordinators.htm>

Regional Coordinators will send all completed forms as e-mail attachment to: YA Registration kristy.budde@dwd.state.wi.us

All information will be kept confidential and secured and will be used only to analyze enrollment patterns, ensure equal access to the program by all students, and evaluate program effectiveness. Information provided on this form will have no bearing on a student's acceptance into the youth apprenticeship program.