Youth Apprenticeship Registration Form
North Central Wisconsin School-to-Career Partnership

Personal information you provide may be used for secondary purposes (Privacy Law, s.15.04(1)(m), WI Stats). All information will be kept confidential, secure, and used only to analyze enrollment patterns, ensure equal access to the program, and evaluate program effectiveness.

Student Information

First name _____ Middle/Initial _____ Last name _____

Gender ___Male ___Female   Birthdate (mm/dd/yy) ____/____/____ Social Security # _____ – ____ – _____

Race ___ African American ___ Asian/Pacific Islander   White/Caucasian   Hispanic   Native American   Other

Address _____ City _____ Zip _____ County _____

Telephone _____ Email address _____

Parent/Guardian's Names _____

School Information

High School _____

Grade when starting YA ___ 11th ___ 12th **Current grade point average** _____ **Anticipated High School graduation (mm/dd/yy)** ____/____/___

Student ___ is considered at-risk/disengaged   ___ is a single parent

___ Is eligible for free/reduced lunch   ___ has a disability that may affect job performance

Apprenticeship Information (Select both program area and sub-category, if listed)

___ **Agriculture**
___ Farm
___ Vet
___ Landscape
___ Greenhouse
___ Water Resources

___ **Architecture & Construction**
___ Carpentry
___ Electrical
___ Masonry
___ HVAC
___ Plumbing
___ Drafting

___ **Finance**
___ Banking
___ Accounting
___ Insurance

Marketing
Professional Sales
Merchandising
Marketing Communication
Marketing Research/Competitive Intelligence
Marketing Management/Leadership

___ **Graphics/Printing**

___ **IT**
___General IT
___Hardware
___Software
___Web & Digital Media

___ **Health**
___ CNA
___ Dietary
___ Medical Office
___ Optometry
___ Pharmacy
___ Dental
___Other_____

___ **Hospitality**
___ Restaurant
___ Lodging
___ Tourism

___ **Manufacturing**
___Assembly & Packaging
___Machining
___Welding
___Production Operations Mgmt.
___Maintenance, Installation, Repair

___ **STEM**
___Engineering / Drafting
___Mechanical / Electrical Engineering
___Civil Engineering
___Bioscience

___ **TDL**
___ Auto Tech
___Auto Collision
___ Diesel Tech
___ Logistics

Employment begin date (mm/dd/yy) ____/____/____ **Anticipated employment end date (mm/dd/yy)** ____/____/____

School years to be in program: ___ 2017-2018 ___ 2018-2019 ___ 2019-2020 ___ 2020-2021

Program Level: ___ One-year ___ Two-year

Name of class enrolled in as related coursework:

Year 1: 1st Semester_____ / 2nd Semester_____
(If dual credit is awarded, please list the 8 digit course number / name for the college course for which credit is awarded.)

Year 2: 1st Semester_____ / 2nd Semester_____
(If dual credit is awarded, please list the 8 digit course number / name for the college course for which credit is awarded.)

Employer Information

Business name _____

Address _____ City_____ Zip_____

Mentor First Name _____ Last Name _____

Email Address _____ Telephone _____

Starting Wage per hour (must be $7.25 or higher) _____