



## CESA 6 School-to-Career Partnership Youth Apprenticeship Student Registration Form

Personal information you provide may be used for secondary purposes (Privacy Law, s.15.04(1)(m), Wis. 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				
Student First Name	Middle Name/Initial	Last Name		
Street Address	City	ZIP		
County	Telephone			
Date of Birth (mm/dd/yr)	Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race (check appropriate response):	<input type="checkbox"/> African/ American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Other	
Parent/Guardian's Names				

School Information (to be completed by YA Coordinator)		
Grade Level <u>When Beginning</u> Apprenticeship (Check appropriate response):	<input type="checkbox"/> 11 <sup>th</sup> grade	<input type="checkbox"/> 12 <sup>th</sup> grade
Current Grade Point Average (GPA on a 4-point scale)	Anticipated H.S. graduation date	
High School Name		
Student confirmed disability per Individualized Learning Program (IEP) (Check appropriate response):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student is considered at-risk by school district's definition (Check appropriate response):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Apprenticeship Information			
Program Type (Check appropriate response):	<input type="checkbox"/> One-Year (450 hrs, 2 semesters of related instruction) School	<input type="checkbox"/> Two-Year (900 hrs, 4 semesters of relate instruction)	
Years to be in Program (Check <b>all</b> appropriate responses):	<input type="checkbox"/> 2018-2019	<input type="checkbox"/> 2019-2020	<input type="checkbox"/> 2020-2021
Program Area: Put a check mark in front of the program area in which the student is enrolling:			
<input type="checkbox"/> Agriculture, Food & Natural Resources	<input type="checkbox"/> Health Science	<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Architecture and Construction	<input type="checkbox"/> Hospitality, Lodging, and Tourism	<input type="checkbox"/> Science, Technology, Engineering, Math	
<input type="checkbox"/> Arts, A/V, and Communications	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Transportation, Distribution & Logistics	
<input type="checkbox"/> Finance	<input type="checkbox"/> Marketing		

Employer / Mentor Information				
Business Name				
Business Address	City	ZIP		
Mentor First Name	Mentor Last Name			
Mentor Email				
Starting wage per Hour (MUST be minimum wage or higher)	\$			