**CESA 10 Youth Apprenticeship Student Registration Form – 2017-18 School Year**

☐ New Student

☐ Change of Information

 ☐ Amending original apprenticeship information *(enter ONLY fields to be changed)*

 ☐ Adding Second Program Area *(enter ALL fields in Apprenticeship Information section)*

**Student Information**

First Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    , Middle Name/Initial\_    , Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:   \_\_\_\_\_   , City:    \_\_\_\_\_\_  , Zip Code:

Telephone:

Date of Birth:\_\_\_\_\_    , Gender: ☐M or ☐ F

Race: ☐ African American, ☐ Asian/Pacific Islander, ☐ Caucasian, ☐ Hispanic, ☐ Native American, ☐Other

Social Security Number *(voluntary)*:

Parent/Guardian First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     , Parent/Guardian Last Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information**

Student confirmed disability per Individualized Education Program (IEP): ☐ Yes or ☐ No

Student at-risk by school district’s definition: ☐ Yes or ☐ No

Expected High School Graduation Date:

Current Grade Point Average (GPA) *(must be translated to 4-point scale)*:

High School Name:

**Apprenticeship Information**

Employment Begin Date:    \_\_\_\_\_\_  , Anticipated Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_

Program Area:

☐ Agriculture, Food & Natural Resources ☐ Architecture and Construction

☐ Arts, A/V Technology and Communications ☐ Finance

☐ Health Science ☐ Hospitality, Lodging & Tourism

☐ Information Technology ☐ Manufacturing

☐ Science, Technology, Engineering & Math ☐ Transportation, Distribution & Logistics

Program Type: ☐ Level One *(one-year program)* or ☐ Level Two *(two-year program)*

**Employer/Mentor Information**

Business Name:

Street Address:

City: State: Zip Code:

PO Box, c/o, etc. if needed:

Mentor Email:

Mentor First Name: Mentor Last Name:

Mentor Telephone: Extension

Starting Wage Per Hour *(must be minimum wage or higher)*:

Employment Start Date *(required only for secondary employers)*:

**Related Instruction**

Fall Semester Course Title: Instructor Name:

Spring Semester Course Title: Instructor Name:

**Save Document As**

School + student last name + student first initial + new or change (example: Eau Claire Jones T new ***or*** Eau Claire Jones T change)

Save to your district’s Google folder within 30 days of student employment

Questions? Call or e-mail Ginny Shoemaker at 715-720-2038 or gshoemaker@cesa10.k12.wi.us