Wisconsin Department of Workforce Development	v · 20040
Division of Employment and Training	Version : 2.0.0.10

Wisconsin Youth Apprenticeship Student Registration

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. Provision of your Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay.

Red asterisks (*) denote required fields

Blue asterisks (*) denote required fields for new employers / mentors

Use TAB key to move through form

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Student Information											
Student First Name *	* Middle Name/Initial			Last Name *							
Street Address *				County:							
0.1.00171.001						000	•				
City *			Zip Code *			Teleph	Telephone *				
Date of Birth *		Gender *	Race *			SSN (SSN (hand write)				
/ /						SSN re	SSN remains confidential and is ONLY				
Parent/Guardian First Na	me *	Last Name *					used for evaluation of YA program				
		. I									
School Information		P. I. P. I. P. J. F.		(155)	0. 1		15: (: 0		•••		
Student confirmed disability per Individualized Education Program (IEP) * Student at-risk by school District's definition*							ition*				
Expected H.S.Graduation Date* Current Grade Point Average									try		
/ /		(MUST be translated to 4	-point			☐ 11 ☐ 12					
School District *				High School Name *							
Apprenticeship Info	ormatic	on									
Grant / Consortium *				Anticipated Completion Date *							
Program Area *				Program Type * ☐ Level 1 ☐ Level 2			First Year *				
Employer Informati	on			•		<u>'</u>					
			Business Name *								
		many mage per mean	Business Name								
Business Street Address *		City	City *			State * Zip Coo		Zip Code *			
Mentor Information											
Mentor First Name* Mentor Last Name*			Mentor Telephone *				Extension				
]			- Atomorori				

Remember: The employer and the school district must have a signed Education/Training Agreement on file for every youth apprentice per section DWD 270.14 (3)(c).

Mentor Email *

Please be sure to send a copy of the completed agreement to the Youth Apprenticeship Program Coordinator Mailbox: DETYAForms@dwd.wi.gov

Child labor laws apply to all youth apprentices!

Mentor Address (P.O. Box, c/o, etc. if needed) *