



Youth Apprenticeship Application

Personal Information

Student First Name:		Last Name:	
Student Address:			
City:	State:	Zip:	County:
Student Email Address:		Student Phone:	
Date of Birth:	Grade: <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
School District:		Current Cumulative GPA:	
On Track for Graduation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected Graduation Date:	
Parent/Guardian Name:			
Parent Email:		Parent Phone:	

Career Cluster / Youth Apprenticeship Area

Check the Youth Apprenticeship/Work Based Learning in which you are interested:

<input type="checkbox"/> Agriculture, Food & Natural Resources	<input type="checkbox"/> Architecture & Construction
<input type="checkbox"/> Arts/ AV Technology & Communications	<input type="checkbox"/> Business Management & Administration
<input type="checkbox"/> Education & Training	<input type="checkbox"/> Finance
<input type="checkbox"/> Government & Public Administration	<input type="checkbox"/> Health Science
<input type="checkbox"/> Hospitality & Tourism	<input type="checkbox"/> Human Services
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Law, Public Safety, Corrections & Security
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Marketing
<input type="checkbox"/> Science, Technology, Engineering & Mathematics	<input type="checkbox"/> Transportation, Distribution & Logistics

Are you currently employed in your Youth Apprenticeship/Work Based Learning area? Yes No



Youth Apprenticeship Application

Waiver & Consent

I, _____, understand that to apply, I must have qualifying grades, be on track for graduation, and have good attendance and behavior records. If I am hired, I must have reliable transportation to school and work. I understand my performance at work, along with my attendance will be factors considered in determining credit granted for this youth apprenticeship. I also understand my employer has the right to terminate me from my position if I am not meeting performance expectations, which may result in credit deficiency. Additionally, I understand that the Ahnapee Regional Youth Apprenticeship Consortium and all its affiliated school districts and employed entities are not responsible for any injuries or medical conditions that may arise during this youth apprenticeship opportunity. Lastly, I grant permission to the school districts to release and share any information to the Work Based Learning Employer that may affect the safety and welfare of the student. I acknowledge that as an Ahnapee Regional Youth Apprentice it is my responsibility to communicate with my employer, the youth apprenticeship coordinator, my teachers, and others affiliated with the program any information pertaining to myself as it affects my participation in the program.

Student Signature:

Date:

Parent Signature:

Date:

Completed application can be emailed to Jen Johnson @ jejohnson@luxcasco.k12.wi.us or turned into school counseling office.

Office Use Only

Is the student classified as at-risk by the school district's definition? Yes No

Does the student have a confirmed disability per Individualized Education Program (IEP)? Yes No

Does the student receive any 504 accommodations? Yes No