

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

Student Information

Student First Name *	MiddleName/Initial	Last Name *	
Street Address *		County:	
City *	Zip Code *	Telephone *	
Date of Birth *	Gender *	Race *	
Parent/Guardian First Name *	Last Name *		

School Information

Student confirmed disability per Individualized Education Program (IEP) *		Student at-risk by school District's definition *	
Expected H.S. Graduation Date* / /	Current Grade Point Average (GPA) (MUST be translated to 4-point scale) *	Grade in school at program entry ☐ 11 ☐ 12	
School District *		High School Name *	

Apprenticeship Information

Grant / Consortium *	Anticipated Completion Date *	
Program Area *	Program Type * ☐ Level 1 ☐ Level 2	First Year *

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).

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!