



Tri-County Educational Service Center: Pre-Apprenticeship

Application

Student Information

Full Name: _____ **Date:** _____
Last First M.I

Address: _____
Street Address

City State Zip

Phone: _____ **Email:** _____

Birth Date: ____/____/____ **Age:** _____ (Must be 16 years of age at program entry)

Are you a United States Citizen? Yes No **If not, are you authorized to work in the U.S?** Yes No

Education

High School: _____ **Do You Have a Driver's License?** Yes No

Current Grade Level: _____ **Current GPA:** _____ **Are you able to physically perform the duties of a pre-apprenticeship in this occupation?**
Yes No

List any clubs, sports, and/or organizations you are involved in?

Pre-Apprenticeship Program

Select the Pre-Apprenticeship Industry you are applying for:

Hospitality & Tourism

☐

Manufacturing

☐



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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release from the program.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Waiver of Liability

Your child has applied for a pre-apprenticeship opportunity that will include career exploration activities and/or work-based learning and job opportunities with local businesses and/or agencies. These companies have volunteered their time to teach and mentor your child. Your child's School District and Educational Service Center cannot be responsible for your child while visiting the site if your child is accepted into the program. Every reasonable and responsible effort will be made to assure the safety, health, and welfare of your child. The individual, agency, or business providing the pre-apprenticeship opportunity will not provide guaranteed safety.

As the parent of my child, I accept full responsibility for the safety and well-being of my child.

I give my child, _____, **permission to participate in the**
(First and Last Name of Student)
pre-apprenticeship training.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

School District Pre-Apprenticeship Coordinator/Office Review

(To Be Completed By School District)

GPA: _____ **as of** _____

Attendance Percentage: _____ **as of** _____

Is this program necessary for the student to graduate? Yes No

I verify that this student is in good standing and is a qualified candidate for the pre-apprenticeship program

Name: _____



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Tri-County ESC Review

Application Reviewed By: _____ Approved Denied

Date: _____