

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 *	Middle Name/Initial	Last Name *	
Street Address *			County:
City *	Zip Code *	Telephone *	
Date of Birth * / /	Gender *	Race *	SSN (hand write) _ _ - _ - _ - _ SSN remains confidential and is ONLY used for evaluation of YA program
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 <input type="checkbox"/> 11 <input type="checkbox"/> 12
School District *	High School Name *	

Apprenticeship Information

Grant / Consortium *	Anticipated Completion Date *	
Program Area *	Program Type * <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2	First Year *

Employer Information

Employment Start Date *	Starting Wage per Hour *	Business Name *	
Business Street Address *		City *	State * Zip Code *

Mentor Information

Mentor First Name *	Mentor Last Name *	Mentor Telephone *	Extension
Mentor Address (P.O. Box, c/o, etc. if needed) *		Mentor Email *	

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!

Wisconsin Youth Apprenticeship (YA) Program Education and Training Agreement

Use of this form: This form enters a Youth Apprentice, the Youth Apprentice's parent/guardian, the Youth Apprentice's School District, and the YA Grantee, represented by the YA Coordinator, into a Youth Apprenticeship authorized by Wis. Stat. §106.13. The YA Grantee must upload the completed form into cBASERS (the YA program enrollment system). Submission of this form is required for YA program enrollment. If the YA Grantee fails to submit a completed form, the student may not count toward the YA Grantee's enrollment for grant funding purposes.

This Agreement is in effect from the execution by all parties until the Youth Apprentice completes the program or the Youth Apprentice becomes employed by a different employer for the purposes of their apprenticeship.

Youth Apprentice Name (Print)	
Employer	
YA Program Area/Occupational Pathway	
Apprenticeship Start Date	Employer UI Number
Reason employer is not subject to UI law, if applicable:	

The Youth Apprentice agrees:

- I have reviewed the applicable On-the-Job Learning Guide and understand the competencies that I will be trained on.
- I will successfully complete related instruction coursework.
- I will complete at least 450 hours of employment for each year of my Youth Apprenticeship.
- I will maintain the academic and attendance standards required by the YA Consortium, Employer, and School.

Printed Name	Date of Birth
Signature	Date Signed
Email Address	Phone Number

The Youth Apprentice's parent or guardian agrees:

- I will support the Youth Apprentice's efforts to complete the education and training requirements of the Wisconsin YA Program as found in the YA Program Operations Manual.

Printed Name	Signature	Date Signed
--------------	-----------	-------------

The Employer Representative agrees:

- I will train the Youth Apprentice in the competencies listed in the applicable On-the-Job Learning Guide.
- I will review their progress with the Youth Apprentice on at least two occasions during each year of the apprenticeship.
- I will provide a mentor who will actively assist the Youth Apprentice throughout their apprenticeship.
- I will provide the Youth Apprentice with at least 450 hours of employment each year of the apprenticeship.
- I will comply with all applicable wage and Employment of Minors Laws.

Printed Name	Signature	Date Signed
Email Address	Phone Number	

The School/School District agrees:

- The Youth Apprentice will receive secondary school credit for their participation in their Youth Apprenticeship program and for the related instruction courses taken.

School or School District		
Representative Printed Name	Signature	Date Signed
Position Title	Email Address	Telephone

The Youth Apprenticeship Coordinator agrees:

- I have reviewed the applicable On-the-Job Learning Guide with all parties prior to their signing of this Agreement.
- I have informed all parties to this Agreement of the requirements of the Youth Apprenticeship Program as found in the YA Program Operations Manual.
- I will facilitate the completion of a new agreement if the Youth Apprentice becomes employed by a different employer for the purposes of their apprenticeship.
- I will update cBASERS if the Youth Apprentice chooses to work in a new occupational pathway for the same employer.

Printed Name	Signature	Date Signed
Consortium Name		

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Employment and Training at (608) 266-3131 to request information in an alternate format including translation to another language.