



Apprenticeship and Technical Training Student Registration Form

Course Name:				Course Level:				
Last Name:			First Name:			Middle Initial:		
Street Address:								
City:			State:			Zip Code:		
Social Security Number:				Date of Birth:				
Phone Number:				Are you a State of Delaware Registered Apprentice?		Y:	N:	
Email Address:								
1. Gender:	M:	F:	2. Do you own a computer with internet access?			Y:	N:	
3. Race: Select one		Hispanic:	Black:	White:				
Multi-Racial:		American Indian:	Asian:	Hawaiian:				
4. Are you a High School Graduate?		Y:	N:	4a. If yes, what year?				
5. Are you a NCCVT Graduate?		Y:	N:	6. Are you receiving advanced placement?		Y:	N:	
6a. Advanced Placement Verified by:								
7. Are you an out of workforce individual?			Y:	N:	8. Are you employed?		Y:	N:
9. Are you seeking accommodation based on a disability?			Y:	N:	10. Are you homeless?		Y:	N:
11. Yearly household income is:		Less than \$30,000	More than \$30,000		12. Are you a single parent?		Y:	N:
13. Did you serve in the US Military or Armed Forces?			Y:	N:	14. Is English your second language?		Y:	N:
15: Are you a migrant student?			Y:	N:				
16. I give permission without restrictions to NCCVT to use still photographs and/or video images taken of me for use in printed and digital content:						Y:	N:	
17. Employer/Sponsor Information			Company:					
Phone Number:			NCCVT may release my grades to my employer:		Y:	N:		
Employer Email:								

I have read the New Castle Count Vo-Tech School District’s Policies regarding Attendance and Acceptable Behavior. I understand the consequences for violations to the policies and that those violations may result in the notification of the action to my employer and my possible removal from the program. By signing my name to this document, I am also acknowledging that the information provided on this document is correct.

****All State of Delaware Registered Apprentices must provide a copy of their Registered Apprenticeship Agreement (Fully Completed with all applicable signatures) at the time of enrollment in order to receive the tuition waiver.*

Student Signature: _____ **Date:** _____