



## NCCVT AED Apprenticeship and Technical Training Student Registration Form

<b>Course Name:</b>			<b>Course Level:</b>		
<b>Social Security #: (Full)</b>		<b>Last Name:</b>		<b>First Name:</b>	
				<b>Middle Initial:</b>	
<b>Birthdate: (MM/DD/YYYY)</b>		<b>Gender:</b>		<b>Are you Hispanic or Latino?</b>	
		Male		Yes	
		Female		No	
<b>Race: (Choose one or More)</b>		American Indian or Alaska Native		Black or African American	
Asian		Native Hawaiian or Pacific Islander		White	
<b>Highest Education Level Completed:</b>		No Schooling		Grades 9-12 (no diploma)	
		Grades 1-5		Secondary Diploma	
		Grades 6-8		Secondary Diploma Equivalent	
<b>Highest Education Level Location:</b>		<b>Employment Status:</b>		Employed	
U.S. Based		Employed		Not Looking for Work	
Non U.S. Based		Unemployed		Employed with separation Notice	
<b>Barriers:</b>		Disabled		Displaced Homemaker	
<i>Please Check all that Apply</i>		English Language Learner		Ex Offender	
Foster Care Youth		Homeless		Long Term Unemployed	
Low Literacy Levels		Migrant farmworker		Seasonal Farmworker	
Low Income (Personal Income Less Than 25K per year)		Cultural Barriers		Single Parent or Guardian	
<b>Military Status:</b>		Yes-Active		No	
		Yes-Inactive			
		<b>Do you own a computer with internet access?</b>		Yes	
				No	
<b>Address:</b>					
<b>Zip Code:</b>		<b>City:</b>		<b>State:</b>	
				<b>Phone Number:</b>	
<b>Email:</b>					
<b>Are you a New Castle County Vo-Tech High School Graduate?</b>		<b>Are you Receiving Advanced Placement?</b>		No	
Yes				Yes	
No				If yes, you must indicate School or Instructor:	
<b>Are you a State of Delaware Registered Apprentice?</b>				Yes	
				No	
<b>Employer Information</b>		<b>Company:</b>		<b>Phone Number:</b>	
<b>Company Email:</b>					
<b>NCCVT May Release my Grades to my Employer:</b>		Yes			
*Requirement for ALL Registered Apprentices		No			

By signing this document, am acknowledging that I have read the New Castle County 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.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_