



NCCVT AED Apprenticeship and Technical Training Student Registration Form

Course Name:				Course Level:			
Social Security #: (Full)		Last Name:		First Name:		Middle Initial:	
Birthday: (MM/DD/YYYY)		Gender:		Are you Hispanic or Latino?			
		Male ☐				Yes ☐	
		Female ☒				No ☒	
Race: (Choose one or More)		American Indian or Alaska Native ☐		Black or African American ☐			
Asian ☐		Native Hawaiian or Pacific Islander ☐		White ☐			
Highest Education Level Completed:	No Schooling ☒		Grades 9-12 (no diploma) ☐		Some Post-Secondary ☐		
	Grades 1-5 ☐		Secondary Diploma ☐		Post-Secondary Diploma ☐		
	Grades 6-8 ☐		Secondary Diploma Equivalent ☐		Community Education ☐		
Highest Education Level Location:	U.S. Based ☐		Employment Status:	Employed ☐		Not Looking for Work ☐	
	Non U.S. Based ☐			Unemployed ☐		Employed with separation Notice ☐	
Barriers: <i>Please Check all that Apply</i>			Disabled ☐		Displaced Homemaker ☐		
			English Language Learner ☐		Ex Offender ☐		
Foster Care Youth ☐		Homeless ☐		Long Term Unemployed ☐		Exhausting TANF within 2 years ☐	
Low Literacy Levels ☐		Migrant farmworker ☐		Seasonal Farmworker ☐		Single Parent or Guardian ☐	
Low Income (Personal Income Less Than 25K per year) ☐				Cultural Barriers ☐			
Military Status:	Yes-Active ☐		No ☐		Do you own a computer with internet access?	Yes ☐	
	Yes-Inactive ☒					No ☐	
Address:							
Zip Code:		City:		State:		Phone Number:	
Email:							
Are you a New Castle County Vo-Tech High School Graduate?	Yes ☐		Are you Receiving Advanced Placement?	No ☐		Yes ☐	
	No ☐			If yes, you must indicate School or Instructor:			
Are you a State of Delaware Registered Apprentice?				Yes ☐			
				No ☐			
Employer Information		Company:			Phone Number:		
Company Email:							
NCCVT May Release my Grades to my Employer:				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:** _____