



# 2019 Fall High School Training Application

New Orleans/Bayou Chapter  
 101 Riverbend Drive  
 St. Rose, LA 70087  
 Phone: 504-468-3188



Accredited Training Sponsor

Please Print Clearly

## Student Information

(All information below is **REQUIRED** for registration.)

Name: First MI Last

Mailing Address

City State Zip Code

Social Security Number Date of Birth

Cell Phone Number

Email Address

Emergency Contact Name Phone

\*ALL students required to provide a photo copy of a valid driver's license or other form of photo ID at time of registration.

## High School Information

High School Name

CTE Instructor Name (If Applicable)

Graduation Date

### **Hold Harmless and Indemnity Agreement**

*I understand that if I am accepted into the program, I am responsible for payment of designated fees. I understand that misrepresentation or omission of facts is cause for dismissal from the program. I understand that my employer will be provided copies of my attendance and grades. I understand that I am responsible for all medical expenses related to any injury. I hereby authorize the Registrar of the NCCER to verify information in my craft training records to Sponsor Representatives upon request. I release and hold harmless New Orleans/Bayou Chapter Associated Builders and Contractors, Inc. (ABC), its Educational Trust Fund, the Craft Training Registry for this verification process and for any injury.*

Signature

Date

## Course Information

Course Name

100 150 200 250 300 350 400 450  
 Level (Circle One Course Level)

## Education Experience Information

Check all that apply:

- Actively Pursuing GED—location: \_\_\_\_\_
- High School Diploma/GED
- Vo-Tech (number of years attended) \_\_\_\_\_  
 Program Completed? \_\_\_\_\_
- College (number of years attended) \_\_\_\_\_ Degree? \_\_\_\_\_

## Optional Information

Sex Ethnic Background

**THE RECRUITMENT, SELECTION AND TRAINING OF ABC STUDENTS IS WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN, SEX, AGE OR PHYSICAL HANDICAP.**

**Do Not Write in this Space For Office Use Only**

- New  Sponsored Date: \_\_\_\_\_
- Returning  Un-sponsored

Total Due: \$ \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_

- Money Order # \_\_\_\_\_
- Invoice PO# \_\_\_\_\_
- Credit Card - must call office to run Credit Card for processing, or complete separate processing form

Code to: \_\_\_\_\_

	Staff	Date
WD1		
FOC		
WD2		

### **Fees & Tuition -**

Fees and tuition are subject to change. Check our website and/or current semester brochure for pricing information.

**On this page, you only have to complete the information with an \* beside it.**



## Registration and Release Form

**Important:** Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant, or instructor transcripts, training, and assessment records.

ATS/AAC Name: \_\_\_\_\_

Check one:     Trainee             Participant             Instructor

\* Name: \_\_\_\_\_

\* NCCER Card #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby authorize the NCCER registry department to verify information in my training records to Sponsor Representative/ Primary Administrator upon request. I release and hold harmless NCCER for this verification process.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if required)*

### OPTIONAL

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTE:** To be entered in NCCER's National Registry, you must complete and sign this Registration and Release form. This form must either be forwarded by your ATS/AAC to NCCER's registry department, or the ATS/AAC may choose to maintain the Registration and Release forms locally and provide the registry with a blanket release form letter. This letter must include the signature of the Sponsor Representative/Primary Administrator or other authorized officer of the ATS/AAC.

Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should **NOT** be distributed without properly documented release information from the trainee/participant.

Mail / fax to: NCCER - Registry Department  
3600 NW 43rd St, Bldg G • Gainesville, FL 32606  
P 352.334.0911 ext. 114/116/117/118 • F 352.334.0929