



2024 Fall High School Training Application

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



Please Print Clearly

Student Information

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

Name: First MI Last

Mailing Address

City State Zip Code

NCCER Card Number

Date of Birth Cell 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 Month and Year

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 Returning Date: _____
- 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:

- \$100 – 00369 (registration fee) \$375 – 00370 (Welding)
- \$10/\$15 (credit card fee) – 00374 \$375 – 00371 (Non-welding)
- \$25 – 00379 (testing fee)

| | Staff | Date |
|-----|-------|------|
| WD1 | | |
| FOC | | |
| WD2 | | |

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 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 or for any injury.

 Signature

 Date

Fees & Tuition -

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