



# 2020 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

## 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		

### 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.

**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