Wisconsin Youth Apprenticeship Program
STUDENT INFORMATION FORM

Please print or type and answer all questions.

Student Information

Date: High School:

Students First and Last Name: Middle Initial:

Student Address: City and Zip Code:

Student Cell: Home Phone:
(To be used with Remind text app to update student on
schedule changes and program information)

Birthdate: Graduation Year:

Gender: Male   Female   Other

Race:

Employment Information

Place of Employment: Amount of Time Employed:

Manager/Contact Name: Manager/Contact Phone:

Job Position/Duties:

Schedule Information

Leaving school early/coming late? Yes   No   If Leaving school-what hour? _____

Trimester   1   2   3   ALL 3

What do you want to do after high school?