

**SPOTSYLVANIA CAREER AND TECHNICAL CENTER
2018-2019 APPRENTICESHIP CLASS REGISTRATION FORM**

Please print or type the information below

This form may be copied

Course Title:

Name:

Last

First

Initial

Last Four digits of SS#:

Date of Birth: / /

Home Address:

St., Rt., or Box No.

City

State:

Zip

Primary Phone: () ()

Secondary Phone: () ()

E-Mail Address:

Employer and Direct Supervisor:

Employer Mailing Address:

City, State Zip:

Employer Phone:

Department of Labor and Industry Rep (If a registered apprentice):

Are you a registered apprentice? Yes No

Date registered as Apprentice: / /

***YOU MUST BE A REGISTERED APPRENTICE TO BE CHARGED THE APPRENTICE RATE.
YOU MUST SHOW US AN APPRENTICESHIP CARD OR A COPY OF YOUR ACTION FORM
AT THE TIME OF REGISTRATION TO BE GIVEN THE APPRENTICESHIP RATE.**

Apprentice Fee: **(\$450)**

Non-Apprentice Tuition: **(\$550)**

YOU ARE RESPONSIBLE FOR ORDERING YOUR OWN BOOKS.

VISIT OUR WEBSITE FOR MORE INFORMATION.

<http://www.spotsyschools.us/sctc/> Look Under Apprenticeship Tab, Textbooks 2018-19

I GIVE MY PERMISSION FOR MY GRADES AND ATTENDANCE INFORMATION TO BE SENT TO MY EMPLOYER, IF REQUESTED BY MY EMPLOYER Yes No

Student Signature:

Date:

IMPORTANT: All Registrations Must Include Payment

FOR SCTC OFFICE USE ONLY

Amount received:

Receipt number(s):

Type of Payment:

Check Cash Money Order Online Payment

Check or M/O #

Date:

Initials:

Blue Bear #: