



TRACK Youth Apprenticeship Completion Certification

This form must be submitted along with a copy of the student transcript or other documentation indicating course completion requirement

Today's Date

Program Area

First Name

Middle

Last

State Issued Student ID #

Street Address

City

State

Zip

Student Permanent E-mail (not school email)

TRACK Program Entry Date

Program Completion Date

School Name

School Address

City

State

Zip

Completing Instructor

Safety Modules or OSHA card on file?

Instructor Phone

Instructor E-mail

To be completed by Sponsor/Employer

Program Sponsor/Employer

Employer Apprenticeship Coordinator

Coordinator Phone

Coordinator E-mail

Apprenticeship Occupation

Number of on the job hours credited

Will student continue in a Registered Apprenticeship program?

By my signature below, I attest that the information contained within is accurate and that the above named student has successfully completed the TRACK Youth Apprenticeship program sponsored by the above named employer and is eligible for the industry certification and accompanying completion certificate.

Student Signature

Date

Parent/Guardian Signature

Date

Principal Signature

Date

Employer Signature

Date

KDE/OCTE Representative

Date

FORM MUST BE UPLOADED TO: TRACK Youth Apprenticeship Completion Form - <https://forms.gle/f3JWv3rkSTN2oDsw9>

DO NOT COMBINE STUDENT FORMS. FORMS MUST BE UPLOADED INDIVIDUALLY

CERTIFICATE(S) WILL BE RETURNED TO THE SCHOOL AT THE ADDRESS ON RECORD. MAKE A COPY FOR STUDENT FILE AND DISTRIBUTE CERTIFICATE TO STUDENT