

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 Com	pletion Date
School Name			
School Address			
City	State	Zip	
Completing Instructor		Which verification is on file?	
Instructor Phone	Instructor E	structor E-mail	
	To be completed by Spons	or/Employer	
Program Sponsor/Employer			
Employer Apprenticeship Coc	ordinator		
Coordinator Phone	Coordinat	tor E-mail	
Apprenticeship Occupation			
Number of on the job hours c	redited		
Will student continue in a Reg	jistered Apprentices	ship program?	
By my signature below, I attest that the informat completed the TRACK Youth Apprenticeship pro and accompanying completion certificate.			
Student Signature		D	ate
Parent/Guardian Signature		D	ate
Principal Signature		D	ate
Employer Signature		D	ate
KDE/OCTE Representative		D	ate

FORM AND CTE PATHWAY COURSE DOCUMENTATION MUST BE UPLOADED TO: TRACK Youth Apprenticeship Completion Form -

https://staffkyschools.sharepoint.com/sites/kde/TRACK_Forms 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