



3730 Coconut Creek Parkway, Ste. 190
Coconut Creek, Florida 33066
Phone: 954-580-2950
WeTrain.org

This page is for office use only

"We Recruit, Educate, and Train the skilled work force who drive the construction industry forward"

Apprentice Name: _____ **Start Date:** _____

REQUIRED REGISTRATION FORMS CHECK LIST

Trade: ☐ Electrical ☐ Fire Sprinkler ☐ HVAC ☐ Line Erector
 ☐ Plumbing ☐ Painting ☐ Roofing ☐ Carpentry

Location: ☐ Coconut Creek ☐ Palm Beach ☐ W. Coast ☐ Space Coast ☐ eClass
 ☐ Miami, ☐ English or ☐ Spanish*

(*Spanish classes are not guaranteed, they are based on participation)

(*Clases de español no están garantizadas, se basan en la participación.)

Level: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

- _____ 1. ABCI Registration Form
- _____ 2. ABCI Application For Apprenticeship
- _____ 3. Procedures For Changing Employers
- _____ 4. Student Conduct and Discipline Code
- _____ 5. LEA (Circle: ATC) Student Information Form
- _____ 6. FDOE Registration (Student Agreement) Form
- _____ 7. Participating Employer Sponsorship Agreement
- _____ 9. Copy of Driver's License or State ID
- _____ 10. Social Security Card
- _____ 11. Residency Card if Applicable
- _____ 12. NCCER Release
- _____ 13. Interview Form
- _____ 14. Entry Level Test and Score

Other (if applicable)

Program Manager Must Initial For Completion,
Date: _____

ABC Institute

The Construction Industry's Largest Education and Training Provider

Update: v.1: 18/19



ABCI APPRENTICESHIP REGISTRATION FORM

3720 Coconut Creek Parkway, Ste. 190 · Coconut Creek, Florida 33066

Phone: 954-580-2950 · URL: www.WeTrain.org

THIS FORM MUST BE COMPLETED BY NEW ENTRANTS AND REINSTATING APPRENTICES

Name (Last) _____ First _____ Middle _____

Address _____

City, State, Zip _____

Social Security Number _____

Time in Program: New Applicant _____ Yr. 2 _____ Yr. 3 _____ Yr. 4 _____ Transferred _____

Current Trade Employer _____ Start Date _____

Address _____

City, State, Zip _____

Phone _____ Supervisor _____

Former Employer _____

How long have you worked in your trade? Years _____ Months _____

How did you hear of this program? Employer _____ ABCI Program Manager _____ Other _____

Is your company aware of you entering this program? Yes _____ No _____

Have they agreed to sponsor you (administration fee)? Yes _____ No _____

Is your company an ABCI Participating Employer? Yes _____ No _____ Don't Know _____

By Pass Criteria:

- A. Must have 12 months in the trade for each year (up to 50% of the program)
- B. **Current or Former Employer(s) must verify in writing applicants work experience in the trade or the registration will not be processed with the Florida Dept. of Education and Department of Labor RAPIDS database. It is the applicant's/student's responsibility to obtain verifiable work experience documentation based on ABCI's policy and submit it to an ABCI Program Manager.**
- C. Pre-Qualification by-pass exams must be passed with 75% on each module (6 hrs)
- D. I wish to apply for By-Pass Yes _____ No _____

I understand an individual is not considered a registered apprentice until the Florida Department of Education Representative has approved the individual by signing the apprentice agreement and the Department of Labor's Registered Apprenticeship Partners Information Data System (RAPIDS).

Applicant's Signature _____

Date _____



Application For:

APPRENTICESHIP

ABC Institute, Inc.
3730 Coconut Creek Parkway
Suite 190
Coconut Creek, Florida 33066
Ph#: 954-580-2950
URL: WeTrain.org

Application For

Carpentry ☐ Electrical - eLearn ☐ instructor lead ☐ EST/Low Voltage – eLearn ☐ instructor lead ☐
Fire Sprinkler ☐ Plumbing – eLearn ☐ instructor lead ☐ HVAC – eLearn ☐ instructor lead ☐
Line Erector ☐ Masonry ☐ Roofing ☐ Painting ☐ Sheet Metal ☐

Personal Information

Name (Last):		First:		Middle:	
Social Security Number:				Home Phone:	
Home Address:					
City, State, Zip:					
E-mail:					
Note: In compliance with Title 29 Code of Federal Regulations Part 30, and the Civil Rights Act of 1954. The Committee requests the following information:					
Date of Birth:		Age:	Height:	Feet	Inches
Sex: Male: () Female: ()		Weight:			
General Physical Condition:					
National Origin: Asian () Black () Hispanic () White () American Indian ()					
Education (Circle Highest Grade Completed)				Diploma H.S. <input type="checkbox"/> GED <input type="checkbox"/>	
Name of School:					
Address:					
Military Status: Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran: Gulf <input type="checkbox"/> Vietnam <input type="checkbox"/> Other ()					
Eligibility for veteran's educational benefits Yes <input type="checkbox"/> No <input type="checkbox"/>			DD-214 Yes <input type="checkbox"/> No <input type="checkbox"/>		

Important Information

Before this application can be processed, you must provide (within 30 days) the following documents. (1) Copy of Birth Certificate, valid drivers license showing date of birth, (2) Transcript of education High School diploma or GED, (3) Two letters of Reference; 1 from your employment and 1 from a personal acquaintance. You must also complete the Privacy Release Form shown in the back of this page.

Admissions Statement

ABC's Apprenticeship Programs are open to applicants of any Sex, Race, Color, National and/or Ethnic Origin.

Apprentice Statement

I hereby certify that I have received a copy of the Apprenticeship guidelines and understand my responsibilities completely. Should I fail to comply with any of these guidelines, I understand that I may be terminated from the apprenticeship program. Desire my completed application to be considered for my acceptance into the apprenticeship program indicated.

Signature:	Date:
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Forms Signature Page

Date: _____

STUDENT NAME: (Print Clearly)

STUDENT IDENTIFICATION NUMBER:

My signature on this page indicates that I have received, read and understand the policies and procedures as outlined in the provided Atlantic Technical College forms. These forms include: Career Technical, Adult & Community Education Workforce Education Registration Application, Authorization for Release and/or Request for Information, Conduct and Discipline Code for Adult Students, and Student Grievance Procedure.

Student's name (please print)	_____
Student's signature	_____
Student's email address	_____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

AUTHORIZATION FOR RELEASE AND/OR REQUEST
FOR INFORMATION

I hereby request and authorize:

(Name of Person, School, or Department)

(Street Address) (City) (State) (Zip) (Telephone #) to engage

in verbal and/or written communication with and release records to :

(Name of Person, Job Title and/or School/Agency/Entity)

(Street Address)

(City)

(State)

(Zip)

(Telephone #)

regarding the **information checked below** concerning my child* _____, whose date of birth is _____. I understand that information concerning psychiatric, psychological, medical diagnosis, drug or alcohol abuse, economic status, and educational information regarding my child will be released and/or communicated if indicated below. I further understand that this information might contain information regarding my family, in addition to my child.

____ Treatment Plans
____ Treatment / Discharge Summaries
____ Health / Medical Records
____ Case / Progress / Therapy Notes

Academic / School-related Records:

____ Grades
____ Test Scores
____ Attendance
____ Suspensions / Expulsions
____ Exceptional Student Education / Section 504 records
____ Other _____

____ Substance Abuse Treatment Records
____ Social and/or Developmental History
____ Psychological and/or Psychiatric Evaluations
____ Restorative Support Services
____ Social Support Services (Food, Clothing, Shelter)
____ Medical Services
____ HIV/AIDS test results or related conditions (to disclose or receive this information, specific individuals must be named above)

For the Purpose of: _____

I acknowledge that all information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without an additional written consent. I understand this authorization will expire one (1) year after the date signed, or on _____, 20____, whichever is earlier. A copy of this authorization is valid in lieu of the original. I further understand I may withdraw my consent in writing at any time.

Print Name of Parent / Guardian / Eligible Student

Signature of Parent / Guardian / Eligible Student

Date

Relationship to Child

*Eligible students (age 18 or over) may authorize the release of their education records.

(USE THIS SPACE IF CONSENT IS WITHDRAWN)

I hereby withdraw my previous consent to the release of information about my child.

Date Consent Is Withdrawn

Signature of Parent / Guardian / Eligible Student

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

AUTHORIZATION FOR RELEASE AND/OR REQUEST
FOR INFORMATION

I hereby request and authorize: _____
(Name of Person, School, or Department)
_____ to engage
(Street Address) (City) (State) (Zip) (Telephone #)

in verbal and/or written communication with and release records to : _____
(Name of Person, Job Title and/or School/Agency/Entity)

(Street Address) (City) (State) (Zip) (Telephone #)

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_____ Treatment Plans	_____ Substance Abuse Treatment Records
_____ Treatment / Discharge Summaries	_____ Social and/or Developmental History
_____ Health / Medical Records	_____ Psychological and/or Psychiatric Evaluations
_____ Case / Progress / Therapy Notes	_____ Restorative Support Services
Academic / School-related Records:	_____ Social Support Services (Food, Clothing, Shelter)
_____ Grades	_____ Medical Services
_____ Test Scores	_____ HIV/AIDS test results or related conditions (to disclose or
_____ Attendance	receive this information, specific individuals must be named
_____ Suspensions / Expulsions	above)
_____ Exceptional Student Education / Section 504 records	
_____ Other _____	

For the Purpose of: _____

I acknowledge that all information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without an additional written consent. I understand this authorization will expire one (1) year after the date signed, or on _____, 20____, whichever is earlier. A copy of this authorization is valid in lieu of the original. I further understand I may withdraw my consent in writing at any time.

Print Name of Parent / Guardian / Eligible Student Signature of Parent / Guardian / Eligible Student Date

Relationship to Child

*Eligible students (age 18 or over) may authorize the release of their education records.

(USE THIS SPACE IF CONSENT IS WITHDRAWN)

I hereby withdraw my previous consent to the release of information about my child.

Date Consent Is Withdrawn Signature of Parent / Guardian / Eligible Student



3730 Coconut Creek Parkway, Ste. 180
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WeTrain.org

To: All Apprentices

From: Ruth Tirado, Vice President Education and Training

Reference: PROCEDURE FOR CHANGING EMPLOYERS

All apprentices need to know, and follow, the proper procedures for changing employers. The agreement that was signed in the ABCI Apprentice Handbook clearly states that each apprentice is bound to follow the procedures and policies of ABCI while registered as an apprentice.

1. If you opt to leave your current employer for any reason other than being laid-off for lack of work or fired, you must complete a Change of Employer form and have the form signed by your current supervisor, before you leave your current employer.
2. When your current employer agrees with the job change request and signs the form, you are then free to discuss a new job with another employer.
3. If the new employer agrees to hire you, the new employer must also sign the Change of Employer form.
4. If the current employer does not agree with the job change request, the form should be signed and the "disagree" box is checked. At this point, the apprentice can: a.) accept the disagreement and remain with the current employer; b.) stay with your current employer, but request the Program Coordinator to schedule the matter before the next regularly scheduled Committee meeting.
5. If the apprentice opts to change employers without regard to the current employer, he/she is subject to being expelled from the apprenticeship program, depending on the action of the Committee.
6. If the apprentice opts to meet with the Committee, the decision of the Apprenticeship Committee will be final ruling.

Pleas indicate your understanding and acceptance of these procedures and policies by signing below. **Failure to adhere to this policy and procedure may be cause for being expelled from the program by the Committee.**

Signature

Print Name

Date

Program (Trade)

ABC Institute

The Leading Education and Training Provider of the Construction Industry



CONDUCT AND DISCIPLINE CODE FOR ADULT STUDENTS

All students enrolled in an adult education program will adhere to the adult conduct and discipline code. Secondary shared time and co-enrolled students shall adhere to the Secondary Code of Student Conduct.

("Adults" are defined as individuals beyond compulsory school age who have legally left the K-12 school program or are high school students who are co-enrolled in an adult program.)

1. All provisions of state, county and municipal criminal codes as well as School Board policies apply to adult students while they are under the jurisdiction of The School Board of Broward County, Florida.
2. Any adult student who engages in behavior, which is in violation of any section of the criminal code, may be referred by the school administrator to the appropriate law enforcement agency. Such behavior may result in the involuntary withdrawal of the student from the school for a period of time determined by the administrator.
3. While under the jurisdiction of The School Board of Broward County, Florida, adult students may not possess or use knives or guns or use any other object defined as a weapon. The possession of a concealed weapon permit does not allow students to possess a firearm on their person or in their automobile while on campus.
4. Adult students may not be in possession of or under the influence of alcohol, marijuana, or other mood-altering substances while under the jurisdiction of The School Board of Broward County, Florida.
5. Violation of Rule 3 or 4 shall result in the student being involuntarily withdrawn from all adult, alternative, vocational and community schools for one school year from the date of the infraction.
6. Adult students may not wear clothing, jewelry, buttons, haircuts or other items or markings which are offensive, suggestive, or indecent, associated with gangs or cults, encourage drugs, alcohol or violence, or support discrimination on the basis of color, disability, ethnicity, gender, linguistic differences, marital status, national origin, race, religion, socioeconomic background or sexual orientation.
7. Behavior which is not illegal but does not meet the Conduct and Discipline Code for adults shall be managed in the following manner:
 - a. The staff person first observing the unacceptable behavior shall meet and discuss the behavior with the student and inform him/her of the consequences if the behavior continues;
 - b. If the unacceptable behavior continues, the student shall be referred to the appropriate administrator for action;
 - c. If the student does not modify his/her behavior after intervention by the administrator, the administrator may suspend the student from the program for up to 10 days or involuntarily withdraw the student from the school for a period of time not to exceed one school year from date of the infraction.
8. A K-12 student who has been expelled from the K-12 program may not be accepted for enrollment as an adult student until after the duration of expulsion.
9. Adult students disciplined under any of the above rules may appeal the decision by following the student grievance procedure.



STUDENT GRIEVANCE PROCEDURE

Some students may feel that they have been treated unfairly under this Code and other rules and regulations. The following steps provide a fair resolution of student grievances. The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender, national origin, marital status, race, religion or sexual orientation. If you feel that you have been discriminated against, you may visit or call Equal Educational Opportunities, 600 Southeast Third Avenue, Fort Lauderdale, Florida, at (954) 765-6187. Complaints relating to discrimination on the basis of sex may be addressed to the Assistant Secretary for Civil Rights, 330 C. Street SW, Washington, D.C. 20202.

The grievance procedure and time line shall proceed according to the following rules and regulations:

LEVELS OF PROGRESSION

Level 1 School

- a. Teacher – Non-instructional
- b. Counselor
- c. Assistant Principal
- d. Principal/Director

Level 2- Area Superintendent/Designee

Level 3 - Superintendent/Designee

The first step taken by the student **MUST** be with the member of the staff involved in the alleged unfair action. If the grievance is not resolved after initial contact, the adult student may involve any other person of the student's choice in a conference with the member of the staff involved. Co-enrolled students shall involve a caregiver, parent or guardian.

If the grievance has not been resolved through the levels up to and including a conference at the principal's/director's level and the student wishes to proceed with the grievance, the student must submit a written statement to the principal/director within five (5) school days of the principal's/director's verbal denial.

The statement at this level and all subsequent levels must include:

1. name(s) of any person(s) involved;
2. date(s) on which the student feels there was unfair treatment;
3. a brief statement as to why the student feels there was unfair treatment;
4. what corrective action the student would like to see taken;
5. copies of appropriate supporting documentation, which may include, but not necessarily be limited to, the following:
 - a. letter(s) requesting previous hearings and the actions taken;
 - b. letter(s) of reference and witness statement(s);
 - c. student papers, student work, grade reports, etc.;
 - d. attendance and medical statement(s).

The student shall receive a written response to the statement from the principal/director within five (5) school days.

Following receipt of the written denial of the grievance by the principal/director, if the student wishes to proceed further with the grievance, the student and/or his/her representative(s) shall, within five (5) school days, request in writing an appointment with the Area Superintendent and shall include a statement of the grievance as outline above.

The Area Superintendent and/or designated representative shall have the authority and responsibility for establishing a meeting time not later than five (5) school days following receipt of the initial written contact by the student and/or his/her representative(s), the member of the staff involved, the principal/director and the Area Superintendent or their representatives, and any legal representative(s) desired.

If a decision is not reached at the meeting, all parties involved shall be notified of the Area Superintendent's final decision by mail within five (5) school days following the meeting.

Should the Area Superintendent or designated representative fail to support the grievance, the student and/or his/her representative(s) may proceed to petition the Superintendent, following the same time schedule and procedures established above. The Superintendent/designee, in turn, must follow the same time schedule and procedures established above.

Should the Superintendent/designee deny the grievance, the student and/or his/her representative(s) may appeal to the School Board, following the same time schedule and procedures established above. The School Board shall hear the grievance at the first School Board Meeting which occurs at least five (5) days following receipt of the written request for a hearing.

Copies of all appropriate documents shall be placed in the student's records folder.

Registration and Release Form



Instructions: Type or print legibly. Any inaccuracies on this form may be reflected on credentials. To be entered in NCCER's Registry, you must complete and sign this form. Records containing trainee/participant personal information, including but not limited to score reports, training prescriptions, and transcripts, cannot be distributed until this form has been completed.

* Required fields.

ATS/AAC Name*: ABC Institute, Inc.

Name*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Home Number OR Cell Number

Email Address: _____

Birth Date*: _____ Birth City: _____

*To enter you into the NCCER National Registry, ONE of the following numbers needs to be provided. Once you are entered into the system, you will be given an NCCER Card Number to use in the future. (System Generated Numbers are no longer an option.) Pipeline users MUST use their Social Security Number.

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State? _____

If you choose to use the State DOE Student number, this must first be added into the NCCER Registry System as an approved "Alternate I.D. Type." Please work with your sponsor representative to ensure your state I.D. Type has been added into the system.

Optional Information:

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I release and hold harmless NCCER for the disclosure of any such information in connection with this verification process.

Signature*: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if individual is under 18 years of age.)

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines.