



# 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 AND CTE PATHWAY COURSE DOCUMENTATION MUST BE UPLOADED TO: TRACK Youth Apprenticeship Completion Form - [https://staffkyschools.sharepoint.com/sites/kde/TRACK\\_Forms](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