



# 2025 Fall High School Training Application

New Orleans/Bayou Chapter  
 101 Riverbend Drive  
 St. Rose, LA 70087  
 Phone: 504-468-3188



Please Print Clearly

## Student Information

(All information below is **REQUIRED** for registration.)

Name: First MI Last

Mailing Address

City State Zip Code

NCCER Card Number

Date of Birth Cell Number

Email Address

Emergency Contact Name Phone

\*ALL students required to provide a photo copy of a valid driver's license or other form of photo ID at time of registration.

## High School Information

High School Name

CTE Instructor Name (If Applicable)

Graduation Month and Year

## Course Information

Course Name

100 150 200 250 300 350 400 450  
 Level (Circle One Course Level)

## Education Experience Information

Check all that apply:

- Actively Pursuing GED—location: \_\_\_\_\_
- High School Diploma/GED
- Vo-Tech (number of years attended) \_\_\_\_  
 Program Completed? \_\_\_\_\_
- College (number of years attended) \_\_\_\_ Degree? \_\_\_\_\_

## Optional Information

Sex Ethnic Background

**THE RECRUITMENT, SELECTION AND TRAINING OF ABC STUDENTS IS WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN, SEX, AGE OR PHYSICAL HANDICAP.**

**Do Not Write in this Space For Office Use Only**

- New  Returning Date: \_\_\_\_\_
- Total Due: \$ \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_
- Money Order # \_\_\_\_\_
- Invoice PO# \_\_\_\_\_
- Credit Card - must call office to run Credit Card for processing, or complete separate processing form

**Code to:**

- \$100 – 00369 (registration fee)  \$400 – 00370 (Welding)
- \$10/\$15 (credit card fee) – 00374  \$375 – 00371 (Non-welding)
- \$25 – 00379 (testing fee)

Staff	Date
Received:	
Entered:	
Invoiced/Scanned:	

### Hold Harmless and Indemnity Agreement

*I understand that if I am accepted into the program, I am responsible for payment of designated fees. I understand that misrepresentation or omission of facts is cause for dismissal from the program. I understand that my employer will be provided copies of my attendance and grades. I understand that I am responsible for all medical expenses related to any injury. I release and hold harmless New Orleans/Bayou Chapter Associated Builders and Contractors, Inc. (ABC), its Educational Trust Fund, the Craft Training Registry for this verification process or for any injury.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### Fees & Tuition -

Fees and tuition are subject to change. Check our website and/or current semester brochure for pricing information.