



PLEASE PRINT CLEARLY

Name: _____
Last First

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email Address: _____

Social Security #: _____ DOB: _____

How did you hear of this Training? _____ DL#: _____

Payment Method: Private Pay _____ SBE Payment Plan _____ EDD _____ Other _____
Please Specify

BELOW FOR SBETC OFFICE USE ONLY

RECEIVED Date: _____ Time: _____ Course: _____ Semester: _____ Staff Initials: _____

ENROLLMENT IS NOT COMPLETE UNTIL ALL **REQUIRED ITEMS HAVE BEEN RECEIVED.**

_____ ****SIGNED ENROLLMENT CONTRACT**

_____ ****SIGNED STUDENT CONDUCT AGREEMENT**

_____ ****SIGNED SUBSTANCE ABUSE CONSENT FORM**

_____ ****SIGNED NCCER REGISTRATION & RELEASE**

_____ ****SIGNED RECEIPT OF CRAFT TRAINING HANDBOOK**

_____ ****HIGH SCHOOL DIPLOMA / GED / HIGHER EDUCATION OR PROOF OF ENROLLMENT**

If Proof of Enrollment - Expected completion date: _____

_____ ****DRUG SCREEN RESULTS** Date Referred: _____

_____ ****TUITION PAYMENT - Amount Paid \$** _____ **Ck#:** _____ **CC:** _____ **Cash:** _____

ADDITIONAL ITEMS REQUIRED AS RELEVANT

_____ If SBE Payment Plan - Signed Agreement for Re-Payment Terms

_____ If Employment Agency - Detailed Purchase Order for Billing

_____ Previous NCCER Training Transcripts (if applicable)

_____ Resume for Employment Assistance (Optional)

_____ CA Electrical Certification Trainee Registration Docs Completed – Copy in File

The SBETC provides employment assistance but cannot guarantee employment.

First: _____ Last: _____ M: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email Address: _____

Social Security #: _____ DL#: _____ DOB: _____

Method of Payment: _____

Costs associated with the Craft Training Programs:

Your current fees for	
Tuition	_____
Registration Fee	_____
Lab Fee	_____
Enrollment Total	_____
- Deposit	_____
Balance	_____
*Books	_____
*Drug Screen	_____
*CA Elect Trainee Reg.	_____

1st Semester (1A)	
Tuition	\$600
Registration Fee	\$25
Lab Fee	\$30
Enrollment Total	\$655
- Deposit	\$235
Balance	\$420
*Books	\$210
*Drug Screen	\$25
*CA Elect Trainee Reg.	\$25

Semesters 2A, 3A and 4A

Tuition	\$600
Registration Fee	\$25
Lab Fee	\$30
Enrollment Total	\$655
Deposit	\$235
Balance	\$420
*Books	\$125

Semesters 1B, 2B, 3B, and 4B

Tuition	\$600
Registration Fee	\$25
Lab Fee	\$30
Enrollment Total	\$655
Deposit	\$235
Balance	\$420

****These items are neither payable to the SBE Training Center nor are the prices set by SBETC. They are the most current pricing information available to the SBETC as of the print date and are additional costs to taking the Craft Training Program.***

Craft Training Program Information

Craft Training Program: _____ Program Clock Hrs: 680
 First night of class: _____ Time of class: 5:30P-10:30P
 Day of the week: _____ Full Schedule Rec.: _____
 Projected Program Graduation Date: _____ Initial



THE STUDENT HAS THE RIGHT TO CANCEL THE ENROLLMENT AGREEMENT AND OBTAIN A REFUND.
 THE WRITTEN WITHDRAWAL SHOULD BE SENT TO THE SCHOOL EDUCATION SERVICES
 ADMINISTRATOR AT
 2985 INNSBRUCK DRIVE; REDDING, CA 96003

Cancellations / Refund Policy

Withdraw prior to or no show to 1st class **\$130 Non-Refundable**
 1st Week **\$166 Non-Refundable**

Weeks 2 - 6 are pro-rated as indicated below:

<u># of Wks Attended</u>	<u>= % of Program Attended</u>	<u>x Tuition Paid</u>	<u>+ 10% of remaining tuition paid</u>	<u>+ \$100 Administration Fee = Non-Refundable</u>
<u># of Wks Scheduled</u>				
2nd Week	0.125	\$81.88	\$139.19	\$239.19
3rd Week	0.1875	\$122.81	\$176.03	\$276.03
4th Week	0.25	\$163.75	\$212.88	\$312.88
5th Week	0.3125	\$204.69	\$249.72	\$349.72
6th Week	0.375	\$245.63	\$286.56	\$386.56

7th - 16th Weeks **\$655 Non-Refundable**

By initialling here I acknowledge that I have read and understand the
 cancellation / refund policy.

I, THE UNDERSIGNED PURCHASER OF THE PROGRAM, HAVE READ THIS ENROLLMENT CONTRACT, UNDERSTAND THAT ONCE IT IS SIGNED AND COMPLETED IT BECOMES LEGAL AND BINDING AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HERIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS ENROLLMENT CONTRACT AND A COPY OF THE SCHOOL CATALOG, AND FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS APPLICATION. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTAND AND AGREE TO MY RIGHTS AND RESPONSIBILITIES, AND THAT THE SCHOOL'S CANCELLATION AND REFUND POLICIES HAVE BEEN CLEARLY EXPLAINED TO ME.

 Student Signature Date

 Parent / Legal Guardian Signature Date

 Authorized School Representative Signature Date



ETHICAL CODE OF CONDUCT

Students are expected to conduct themselves in an ethical, professional, and civil manner. One of our core values at the SBETC is the individual's responsibility to the classroom community. This entails not only being attentive and respectful in class, but also helping each other toward success. Classroom teamwork means "no one left behind": being proud that the whole class worked together to get everyone to the finish line.

Each student, while in attendance at the SBETC, assumes the responsibility of becoming familiar with and abiding by the general standards of conduct expected by the SBETC. The following actions are violations of the Code of Conduct:

1. Academic dishonesty of any kind with respect to examinations or course work. This includes any form of cheating and plagiarism from the internet.
2. Falsification or alteration of the SBETC documents, records, or identification cards.
3. Using the computer password of another or in any way accessing computer files other than one's own.
4. Forgery, issuing bad checks, or not paying financial obligations to the SBETC.
5. Theft or the deliberate damaging or misusing of property belonging to others or the property of the SBETC.
6. The manufacture, possession, use, or distribution of any form of alcoholic beverages or illegal drugs while on the SBETC property.
7. Possession, display, or use of any dangerous instrument, weapon, or explosives.
8. Deliberate interference with academic freedom, freedom of speech, or movement of any member or guest of the SBETC community
9. Participation in any activity that disrupts or interferes with the education of others or the orderly operation of the SBETC.
10. Discrimination towards any individual or group, verbal or nonverbal.

The Student:

- 1) Will abide by all local, state and federal laws.
- 2) Will abide by all SBETC policies.
- 3) Will assist other students with clean-up of lab, classroom and other areas used for instruction.
- 4) Will abide by all conditions of SBETC warning, probation or suspensions.

By signing below, I acknowledge and agree to abide by all the policies as stated above.

Student Signature



DRUG FREE WORK PLACE
MULTI- STATE DRUG AND/OR ALCOHOL TESTING
AUTHORIZATION AND CONSENT FORM

1. I have applied for training services with the **Shasta Builders' Exchange Training Center** and understand that they test applicants for drug use. I understand that I do not have to submit to testing, but if I refuse to be tested, the **SBE Training Center** will not consider me for services. I understand that I must pass a drug test to be considered for acceptance into programs that consider drug testing as part of their acceptance policy.
2. I agree to give my urine and/or my blood specimen for testing as outlined in **SBE Training Center** Drug Free Work Place Policy. I consent to the specimens being collected and analyzed.
3. I consent to the collection site, the laboratory, or any other entity (providers of healthcare) using the results of my test to determine the existence of drugs and/or alcohol in my system. I authorize these entities to disclose the results of my tests to the authorized **SBE Training Center** representatives to determine my functional limitations and/or limits on my fitness to perform the functions of the program.
4. I understand that it is my right, upon request, to receive a copy of this authorization and consent form. I understand that if I would like to get more information about my test results I must submit a written request within 7 days to the **Program Manager of the SBE Training Center**.

I acknowledge and agree that I have read and understand this Drug Free Work Place Authorization and Consent Form and the **SBE Training Center** Drug Free Work Place Policy. I am freely and voluntarily signing this document. I further agree that the company has made no representations, inducements or statements, other than those in writing in these documents about drug and alcohol testing.

NAME: _____
Signature

DATE: _____

PRINT NAME: _____

SSN: _____

NOTE: If employee/participant is under age 18, signature of parent or legal representative is required.

I declare under Penalty of Perjury under the laws of the State of California that I am the parent or legal representative of the above employee/participant, and that I consent to the terms above.

NAME: _____
Signature of Parent/Representative

DATE: _____

REGISTRATION AND RELEASE FORM

NATIONAL CENTER
FOR CONSTRUCTION
EDUCATION AND RESEARCH



Important: Type or print legibly. Any inaccuracies on this form may be reflected on student and instructor transcripts and training records.

Sponsor Name: Shasta Builders' Exchange Community Fund

Check One: Student Instructor

Name: _____

Social Security/ID #: _____ - _____ - _____ (Numbers other than SSN must be obtained from the Registry Department.)

Job Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representatives upon request. I release and hold harmless the National Center for Construction Education and Research for this verification process.

Signature: _____ Date: _____

*OPTIONAL

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

*NOTE: To be entered in NCCER's National Training Registry, you must complete this Registration and Release Form. This form must either be forwarded by your Accredited Training Sponsor to NCCER's Registry Department, or the Accredited Training Sponsor may choose to maintain the Release Forms locally and provide the Registry with a blanket release form letter. This letter must include the signature of the Sponsor Representative or other authorized Officer of the Accredited Training Sponsor.

Return to: NCCER – Registry Department Phone 352-334-0911 ext. 350/355/320 • Fax 352-334-0929
Mailing Address: P.O. Box 141104 • Gainesville FL 32614-1104
Physical Address: 3600 NW 43rd St. • Bldg. G • Gainesville FL 32606

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SBETC CRAFT TRAINING CATALOG RECEIPT ACKNOWLEDGMENT:

Form signed by student indicates he/she has received the 3/2009 Edition of the Craft Training Catalog and understands its effect.

I, _____, have received my copy of the
Please Print
SBETC Craft Training Catalog. It is my responsibility to read and understand the matters set forth in this Catalog. It is a guide to the SBETC Craft Training program policies and procedures.

I understand that no statement contained in this Catalog creates any guarantee of continued enrollment or creates any obligation, contractual or otherwise, on the part of the SBETC. I will rely on any promises, statements or representations to the contrary only if they are in writing and signed by the SBETC Education Services Administrator.

I understand and acknowledge that the SBETC has the right, without prior notice, to modify, amend or terminate policies, practices, and other institutional programs within the limits and requirements imposed by law.

Signature: _____

Dated: _____



STANDARD TRADE PROGRAM PAYMENT PLAN

Students who sign up with the SBE Training Center Payment Plan will abide by these following policies:

- Prior to course enrollment, students must pay the minimum down payment of \$235.00.
- Once this initial down payment has been received, as well as all other required enrollment documentation submitted to SBETC, providing there is a seat available, the student will be officially enrolled..
- Remainder of balance totaling \$420.00 will be due in three equal payments of \$140.00 on the third Friday of each month beginning the first full month after the start of class as specified below by 5PM.
- Non-payment by due date commences a one-week grace period.
- If student does not pay the payment due by the close of the 1-week grace period, the student will be automatically charged a \$15 late fee.
- Students owing past-due balance at any time will not be able to enroll in any courses with the SBE Training Center until balance due has been paid in full.

NOTE: Enrollment is on a first come first serve basis, and a student is not considered officially enrolled until all enrollment documents have been received as outlined in the policy.

Down Payment On:	_____	\$235	Course Title:	_____
1 st Payment Due:	_____	\$140	Semester / Year:	_____
2 nd Payment Due:	_____	\$140		
3 rd Payment Due:	_____	\$140		

I understand the SBE Training Center Payment Plan in full, understand the consequences of not fulfilling my payment obligation, and guarantee in fulfilling this obligation.

Print Name:

Signed:

Date: _____

Witnessed and Approved:

Date: _____



State of California
 Department of Industrial Relations
 Division of Apprenticeship Standards
www.dir.ca.gov/DAS/ElectricalTrade.htm
 Electrician Certification Program

E T
 Electrician
 Trainee

APPLICATION FOR NEW REGISTRATION OF
= ELECTRICIAN TRAINEE =

Name: Last: _____ Sfx: _____ First: _____ Initial: _____

Other names as Electrician within previous 5 years: _____

Drivers License or State ID #: _____ D/L State: _____ Birthdate: ____/____/____
MM DD YYYY

Please PRINT or type all information in INK

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____ - _____

Day Phone: _____ / _____ - _____ Evening Phone: _____ / _____ - _____

[Optional] **Current Electrical Employer (if any) to complete this box:**

I attest under penalty of perjury that this Electrician Trainee shall be under the direct supervision of an electrician certified pursuant to Section 3099 who is responsible for supervising no more than one Electrician Trainee.

Employer Name (signature): _____

Employer Name (printed): _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____ - _____

C.S.L.B. C10 License No.: [_____] Phone No.: _____ / _____ - _____

Electrician Trainee to enter school number and name:

I certify that I am enrolled in the Approved Curriculum of classwork at: **Approved School No.:** [_____]

Approved School Name (printed): _____

Attach copies of the Enrollment forms in an Approved Curriculum

Attach exact payment of \$25.00 by check or money order payable to 'DIR – Electrician Certification Fund'.

This registration must be renewed annually until you become certified or leave the trade.

Signature: _____ Date: _____

I certify under penalty of perjury that all statements and attachments are true and correct.

Keep a copy of this signed application and all attachments for your records.

Incomplete or inaccurately paid applications will NOT be approved.

Mail this completed form with all required attachments to:

Division of Apprenticeship Standards Attn: Electrician Certification Unit
 PO Box 420603 San Francisco, CA 94142-0603



CA Electrical Trainee Enrollment Verification

Date: _____ Driver's License #: _____

Student Name: _____

Address: _____

Number Street

City

State

Zip Code

Authorized School Information

Authorized School Name: Shasta ~ Trinity ROP

Authorized School Number: 107

School Address: 2985 Innsbruck Dr.
Redding, CA 96003

The student listed above is officially enrolled in our State authorized Electrical Trainee Program.

Signature of School Official: _____
Cindy Weaselbear, SBETC Education Services Administrator

