

**NH DEPARTMENT OF EDUCATION APPRENTICE  
REGISTRATION FORM (SY 2018-2019)**

**Keene Community Education**

**WELDING**

**FOR STATE OFFICE USE ONLY:**

FY 19 - \_\_\_\_ Date: \_\_\_\_ Init: \_\_\_\_

Check # \_\_\_\_\_ Amt. Paid: \_\_\_\_\_

**PLEASE PRINT CLEARLY** - complete all spaces properly to ensure accurate records. Use complete names and addresses.

Email addresses ARE REQUIRED.

Student Name: \_\_\_\_\_ Email (required): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Company Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_ Town, State, Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Fax Number: \_\_\_\_\_

Employer Email (required): \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

High School Diploma or Equivalency Exam: \_\_\_\_\_  
Year School/Location

If you need special accommodations for physical or learning disabilities, please put an X on this line \_\_\_\_ and call your school's director as soon as possible before class starts.

**The cost for this training program is \$975.00 per year which includes tuition and books.**

A check or money order in that amount payable to the "**State of NH - Related Instruction Fund**" must accompany this registration form when it is delivered to the KEENE School Director **on or before August 15, 2018** to insure a place in the class.

**I understand that:**

- No refunds will be granted after the third night of classes; textbooks issued to me must be returned.
- I must attend a minimum of 150 hours of classroom instruction to successfully complete the year.
- No more than twelve hours make up will be credited for attending other seminars or classes.
- I must take a minimum of ten tests and average 70% or higher to successfully complete the year.

I authorize the Evening School Director and the NH Dept. of Education to release any and all information concerning the related instruction portion of my apprenticeship (ie. attendance records and grades) to my employer/sponsor, the NH State Apprenticeship Council, the US Department of Labor, Bureau of Apprenticeship and Training, and the state licensing boards. Additionally, if I am registered with an out-of-state Department of Labor, I authorize the release of my information to that Department. I understand that any information released will be used to monitor and evaluate my progress in the apprenticeship program. I understand that no information will be released to other persons or organizations without my written consent. This release is in conformity with the Privacy Act of 1974.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail completed form with check (**\$975.00 payable to "State of N.H. - Related Instruction Fund"**) by **August 15, 2018** to:

Erin White, Adm. Asst.  
Keene Community Education,  
227 Maple Ave.  
Keene, NH 03431