

**NH DOE APPRENTICESHIP INSTRUCTION  
REGISTRATION FORM (SY 2020-2021)**

**FOR STATE OFFICE USE ONLY:**

FY 20 - \_\_\_\_ Date: \_\_\_\_ Init: \_\_\_\_

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

Name of Apprenticeship School: \_\_\_\_\_

**PROGRAM AND YEAR (Circle the correct program and year):**

**ELECTRICAL** YR: 1 2 3 4 **PLUMBING** YR: 1 2 3 4 **MACHINING** YR: 1 2

**STUDENT INFORMATION (Print clearly, answer questions completely & accurately, and provide e-mail addresses):**

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

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Previous electrical/plumbing instruction: Source: \_\_\_\_\_ Dates \_\_\_\_\_  
*(If you attended a different location, you must attach a copy of the document showing attendance/completion.)*

**EMPLOYER / SPONSOR INFORMATION (Required For ALL Registered Apprenticeship Programs):**

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

Employer Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Email (REQUIRED): \_\_\_\_\_

**VOLUNTARY DISABILITY DISCLOSURE (Check one box below):**

**YOU ARE NOT REQUIRED TO DISCLOSE A DISABILITY**

- Yes, I have a disability (or previously had a disability)       No, I don't have a disability       I don't wish to answer

*If you answered **YES** to this question, you must contact the Evening School Director to discuss your academic accommodation needs prior to the beginning of your class.*

**PROGRAM COST: \$975.00 (includes tuition and books)**

- We accept a check/money order payable to the **State of NH – Related Instruction Fund**.
- Your check/money order must accompany this registration form when it is delivered to the Evening School Director.
- Deadline is on or before **August 21, 2020** to ensure a place in the class.
- Please refer to individual center policies for additional payment options.

**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 six hours of make-up time 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 Department of Education to release academic progress in apprenticeship related instruction (i.e., attendance records and grades) to my employer / sponsor, US DOL-Office of Apprenticeship, and/or state licensing board. Additionally, if I am registered with an out-of-state registration agency, I authorize the release of my information to that agency. I understand that released information will be used **ONLY** to monitor and evaluate my progress in the apprenticeship program and for no other purpose. 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.

**[ ] I have enclosed a copy of my Apprentice ID card with this registration (Check box).**

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