

**NH APPRENTICESHIP RELATED INSTRUCTION  
REGISTRATION FORM (SY 2021-2022)**

**FOR OFFICE USE ONLY:**

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

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

Name of Apprenticeship School: **KEENE COMMUNITY EDUCATION**

**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**

**GAS SERVICE TECHNICIAN YR: 1 (NEW!)**

**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:**  Yes, I have received my high school diploma or equivalency  No, I do not have my HS diploma and am interested in achieving my equivalency  I am projected to graduate on \_\_\_\_\_

Previous apprenticeship 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):**

Sponsor Employer/Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

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

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

**VOLUNTARY DISABILITY DISCLOSURE (Check one box below; NOT REQUIRED):**

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, please discuss your academic accommodation needs prior to the beginning of your class.

**PROGRAM COST: \$1,450.00 (includes tuition and books)**

- We accept a check/money order payable to the **KEENE SCHOOL DISTRICT**. For Mastercard/Visa payments there will be a **2.5% processing fee, automatically added to each transaction**.
- Your payment must accompany this registration form in order to secure your spot in the class. Please contact Program Assistant, Erin White ([ewhite@sau29.org](mailto:ewhite@sau29.org)) with any questions regarding this policy, for information on community scholarship and tuition assistance opportunities, or to discuss payment plan options.
- Deadline is on or before **August 20, 2021** to ensure a place in the class.

**I understand that:**

- No refunds will be granted after the third night of classes; for any refunds all textbooks issued to me must be returned.
- I understand the program provides 150 hours of related instruction and that I *must* attend a *minimum* of 145 hours in order to be considered for completion of the year and I therefore agree to follow all attendance and make-up requirements.
- I must take a minimum of ten tests and average 70% or higher to successfully complete the year and that it is my responsibility to make up any tests missed during an absence within 2 weeks of the absence or I will receive a zero.

I authorize Keene Community 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.

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

*My signature certifies that I have read and agree to adhere to the above and verifies the accuracy of all information I have provided.*

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**CREDIT CARD PAYMENT FORM**

**NAME ON CARD:** \_\_\_\_\_  
(PLEASE PRINT)

**Name of Student(s) to credit payment to:** \_\_\_\_\_

<b>CREDIT CARD PAYMENT INFORMATION (<u>MASTERCARD OR VISA ONLY</u>)</b>	
<b>Card Number:</b> _____	<b>Expiration Date:</b> _____
<b>Card I.D. #:</b> _____	<b>Cardholder's Signature *</b> _____
<b>Billing Address:</b> _____	<b>Billing Zip Code:</b> _____
<b>Total Payment: \$</b> _____	

\* Signature required

**Note:** For Mastercard/Visa payments there will be a 2.5% processing fee, automatically added to each transaction.

**PAYMENT GUIDE:**

<b># Of Students</b>	<b>Annual Tuition cost</b>	<b>Credit Card Fee (2.5%)</b>	<b>Total Payment Due</b>
1	\$1,450.00	\$36.25	\$1,486.25
2	\$2,900.00	\$72.50	\$2,972.50
3	\$4,350.00	\$108.75	\$4,458.75
4	\$5,800.00	\$145.00	\$5,945.00