

**KEENE COMMUNITY EDUCATION –
GAS SERVICE TECHNICIAN
REGISTRATION FORM (SY 2022-23)**

Tuition Cost: \$1,450.00 (due with registration)

FOR OFFICE USE ONLY:

FY 20 - ____ 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: _____

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.

I understand that:

- No refunds will be granted after the second class (partial refund only after first class.)
- I must attend all classroom instruction to successfully complete the year/certificate.
- I am registering *only* for the required classroom instruction (and exams) and am solely responsible for my on-the-job training hours, which I understand must be completed as a registered trainee. I, and my employer, are also responsible for the skills evaluation as required for CETP certification.

I authorize the Evening School Director to release any and all information concerning the related instruction portion of my course (ie. attendance records and grades) to any employer/sponsor for which I have provided above, 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 or drop off your completed form with payment - check made payable to Keene School District, cash/money order or Mastercard/Visa (subject to 2.5% processing fee)- by August 15, 2022 to:

Erin White, Program Assistant
Keene Community Education,
227 Maple Ave.. Keene, NH 03431