

**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 to:**

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

# CREDIT CARD PAYMENT FORM

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

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

**CREDIT CARD PAYMENT INFORMATION**  
**(MASTERCARD OR VISA ONLY)**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card I.D. #: \_\_\_\_\_ Cardholder's Signature \* \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

\* Signature required

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

## PAYMENT GUIDE:

# Of Students	Annual Tuition cost	Credit Card Fee (2.5%)	Total Payment Due
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