

**NH APPRENTICESHIP RELATED INSTRUCTION
REGISTRATION FORM (SY 2023-2024)**

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

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) 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 18, 2023 (or until spots are full)** 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 *cannot* miss more than 5 classes (all missed classes must be made up), 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.

**NH APPRENTICESHIP RELATED INSTRUCTION
REGISTRATION FORM (SY 2023-2024)**

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