FOR STATE OFFICE USE ONLY:

FY 12 - ____ Date: _____ Init: _____

Check # _____Amt. Paid: _____

NH DOE APPRENTICE REGISTRATION FORM (SY 2011-20012)

Keene Community Education

Circle Program and Year:

ELECTRICAL: YEAR 1 2 3 4 PLUMBING: YEAR 1 2 3 4

PLEASE PRINT CLEARLY - complete all spaces properly to ensure accurate records. Use complete names and addresses. Email addresses ARE REQUIRED to deliver completion documents to employers and apprentices.

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 (required): _____

Supervisors Name: _____ Phone #: _____

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.

Previous electrical/plumbing related instruction: Source: _____ Dates: _____
(If you attended a location other than Keene, you must attach a copy of the document showing you completed the program.)

High School Diploma or GED: _____ _____
Year School/Location

The cost for this training program is $975.00 per year which includes tuition and books.
A check or money order in that amount payable to the **"State of NH - Related Instruction Fund"** *must accompany* this registration form when it is delivered to the Evening School Director **on or before August 17, 2011** to insure a place in the class.

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 thant twelve hours make up 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 Dept. of Education to release any and all information concerning the related instruction portion of my apprenticeship (ie. attendance records and grades) to my employer/sponsor, the NH State Apprenticeship Council, the US Department of Labor - Bureau of Apprenticeship and Training, the NH Department of Labor and my 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.

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

Student Signature: _____ **Date:** _____

Mail completed form with check ($975.00 payable to "State of N.H. - Related Instruction Fund") and copy of my apprentice I.D. card by August 17, 2011 to:

Cindy Osgood, Program Assistant
Community Education,
171 West St.. Keene. NH 03431

NOTE: APPLICATION WILL BE RETURNED IF NOT COMPLETE (including copy of apprentice I.D. card)