FOR OFFICE USE ONLY: FY 2026

Date Paid _____

Init: _____ Check #_____

Amt. Paid: _____

KEENE COMMUNITY EDUCATION –
GAS PIPING INSTALLER
GAS INSTALLATION TECHNICIAN
GAS SERVICE TECHNICIAN
(140 HOURS OF INSTRUCTION)

REGISTRATION FORM (SY 2025-26)
CLASSES SATURDAY 8:00am-2:30pm
BEGINNING JANUARY 3, 2026

Tuition Cost: $2,150.00 (Includes textbooks - due with registration)

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: _____SS#_____

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 first class.
- I must attend all classroom instruction to successfully complete the 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 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:** _____

Complete registration on line or mail/drop off your completed form with payment - check made payable to Keene School District, cash/money order or Credit Card (subject to 2.5% processing fee to:

Lindy Paris, Program Assistant Keene Community Education,
227 Maple Ave Door B2., Keene, NH 03431 603-357-9088 x303

CREDIT CARD PAYMENT FORM

NAME ON CARD: _____
(PLEASE PRINT)

Name of Student(s) to credit payment to: _____

CREDIT CARD PAYMENT INFORMATION

Card Number: _____ **Expiration Date:** _____

Card I.D. #:_____**Cardholder's Signature *** _____

Billing Address:_____**Billing Zip Code:** _____

Total Payment: $_____

Card Holder Email Address:_____

Care Holder Phone Number_____

*** 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	*$2,150.00*	*$53.75*	*$2,203.75*
2	*$4,300.00*	*$107.50*	*$4,407.50*
3	*$6,450.00*	*$161.25*	*$6,611.25*
4	*$8,600.00*	*$215.00*	*$8,815.00*