

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

FOR OFFICE USE ONLY: FY 2026

Date Paid _____ Init: _____

Check # _____ Amt. Paid: _____

REGISTRATION FORM

Classes will be a combination of Saturdays, Mondays and Wednesdays 5/9/26 – 10/10/26

Tuition Cost: \$2,450.00 (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	\$2,450.00	\$61.25	\$2,511.25
2	\$4,900.00	\$122.50	\$5,022.50
3	\$7350.00	\$183.50	\$7,533.75
4	\$9,800.00	\$245.00	\$10,045.00