

**NH APPRENTICESHIP RELATED INSTRUCTION
REGISTRATION FORM (SY 2024-2025)**

FOR OFFICE USE ONLY:

FY 2025 Date: _____ Init: _____

Check # _____ Amt. Paid: _____

Name of Apprenticeship School: **KEENE COMMUNITY EDUCATION**

PROGRAM AND COST:

SKILLED TRADE PRE-APPRENTICESHIP (90 hrs.) - \$625 _____ (includes tuition and books)

***Note: to continue on to complete Year 1 Plumbing Apprenticeship, an additional \$925.00 will be due for a tuition total of \$1,550.**

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 _____

EMPLOYER / SPONSOR INFORMATION (Optional for Pre-Apprenticeship; 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.

IMPORTANT NOTES:

- 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 19, 2024 (or until spots are full)** to ensure a place in the class.
- No refunds will be granted after the third night of classes; for any refunds all textbooks issued to me must be returned.

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.

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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:

Annual Tuition cost	Credit Card Fee (2.5%)	Total Payment Due
\$625.00	\$15.63	\$640.63
\$1,550.00	\$38.75	\$1,588.75

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