NH APPRENTICESHIP RELATED INSTRUCTION REGISTRATION FORM (School Year 2026-2027)

FOR OFFICE USE ONLY
Date: _____ Init: _____

Check #:_____ Amt Pd: _____

PROGRAM AND YEAR (Circle the correct program and year):

Electrical **Plumbing** **Year 1 2 3 4**

STUDENT INFORMATION (Print clearly, answer questions completely & accurately, and provide e-mail addresses):

Student Name: _____ Email:_____
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 (Circle one option 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: $1,600.00 (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. This fee is non-refundable.**
● *Your payment must accompany this registration form in order to secure your spot in the class*. Please Heather Jasmin (hjasmin@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 21, 2026 (or until spots are full)** to ensure a place in the class.

I understand that:

● No refunds will be granted after the first 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 the 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

Card Number: _____

Expiration Date: _____Card I.D. #: _____

Cardholder's Signature * _____

Billing Address:_____City_____

Billing Zip Code: -_____

Cardholder's Email Address_____

Total Payment: $_____

*** Signature required**

Note: For Mastercard/Visa/Discover payments there will be a 2.5% processing fee automatically added to each transaction. Therefore, the total payment due for those paying with a credit card is $1,640.00 ($1600.00 tuition + $40.00 credit card fee). This fee is non-refundable.

Keene Community Education,
227 Maple Ave., Keene, NH 03431

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