

**NH DEPARTMENT OF EDUCATION APPRENTICE
REGISTRATION FORM (SY 2016-2017)**

FOR STATE OFFICE USE ONLY:

FY 17 - ____ Date: ____ Init: ____

Check # _____ Amt. Paid: _____

School Location: _____

Circle Program and Year:

ELECTRICAL YR 1 2 3 4 PLUMBING YR 1 2 3 4 MACHINING YR 1 2

**PLEASE PRINT CLEARLY - complete all spaces properly to ensure accurate records.
Email addresses ARE REQUIRED.**

Student Name: _____ Email (required): _____

Home Phone: _____ Cell _____ Work _____

Mailing Address: _____ Town _____ State, Zip: _____

Employer Company Name: _____ Supervisor Name: _____

Employer Mailing Address: _____ Town _____ State, Zip: _____

Employer Phone: _____ Employer Email (required): _____

Previous electrical/plumbing related instruction: Source: _____ Dates _____

(If you attended a different location, you must attach a copy of the document showing you completed the program.) 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 classes start.

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 19, 2016 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 than six 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 Department of Education to release any and all information concerning the related instruction portion of my apprenticeship (i.e., attendance records and grades) to my employer/sponsor, the NH State Apprenticeship Advisory 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.

I have enclosed a copy of my Apprentice ID card with this registration.

Check box

Student Signature: _____ Date: _____