

**NH DEPARTMENT OF EDUCATION APPRENTICE  
REGISTRATION FORM (SY 2019-2020)**

**FOR STATE OFFICE USE ONLY:**

FY 20 - \_\_\_\_ 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 the amount of \$975.00 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 16, 2019 to insure a place in the class. Please refer to individual center policies for additional payment options.

**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: \_\_\_\_\_