Payment MUST accompany enrollment. **Credit Card Payments submit to AdultEveApprentice@nps.k12.va.us**

APPRENTICESHIP RELATED INSTRUCTION
ENROLLMENT FORM
2025-2026

Company Name:_____ **Company Representative:**_____ **Company Phone: (___)** _____
Sponsor

Company Address: _____ **Company Email:** _____
Street City Zip

Apprentice Information: *Please print legibly and complete ALL sections. Your record depends upon our ability to read this information.*

Social Security Number & Email Address	Apprentice Name (LAST, FIRST, MI) and Home Address	Home and Work Phone Number	Course Number	Tuition	Lab Fee	Book	Late or Transcript fee	Non Apprentice Surcharge ($75)	Total
		( ) ( )		$	$	$	$	$	$
		( ) ( )		$	$	$	$	$	$
		( ) ( )		$	$	$	$	$	$

Method of Payment: ___VISA ___ MASTER CARD ___DISCOVER ___AMERICAN EXPRESS ___BUSINESS CHECK

___ ___ _____- ___ ___ ___ ___- ___ ___ ___ ___- ___ ___ ___ ___ **Expiration Date:** ___ ___/___ ___
Number as it appears on credit card

Name as it appears on credit card _____
(Please Print)

Signature: _____ ☐ **Company Card** ☐ **Personal Card**

FAX TO: 757 - 892 - 3305
MAIL TO: Apprenticeship Office- Norfolk Technical Center
1330 N. Military Highway
Norfolk, VA 23502

For Office Use Only
CC Approval #_____
Receipt No._____

Total this page: $_____
Page_____**of**_____**Page(s)**
Total of all pages: $_____
Amount of Check: $_____
Check Number: _____