

Payment **MUST** accompany enrollment.

Credit Card Payments submit to AdultEveApprentice@nps.k12.va.us

**APPRENTICESHIP RELATED INSTRUCTION
ENROLLMENT FORM
2023-2024**

PLEASE PRINT!

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

Company Address: _____ Street City Zip Company Email: _____

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

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

Method of Payment: VISA MASTER CARD DISCOVER AMERICAN EXPRESS BUSINESS CHECK

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____- Expiration Date: ____/____/____

Number exactly 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
Credit Card Approval # _____
Receipt No. _____

Total this page: \$ _____

Page ____ of ____ Page(s)

Total of all pages: \$ _____

Amount of Check: \$ _____

Check Number: _____