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

APPRENTICESHIP RELATED INSTRUCTION
ENROLLMENT FORM
2024-2025

Sponsor Information: ***PLEASE PRINT LEGIBLY***

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	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 ___AMEX ___DISCOVER ___CHECK

___ ___ ___ ___- ___ ___ ___ ___- ___ ___ ___ ___- ___ ___ ___ ___ **Expiration Date:** ___ ___/___ ___

Number exactly as it appears on Credit Card

Total this page: $_____

Page_____**of**_____**Pages**

Total of all pages: $_____

Amount of Check: $_____

Check Number: _____

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

C. C. Approval #_____

Receipt Number _____