

Payment **MUST** accompany enrollment.

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

APPRENTICESHIP RELATED INSTRUCTION
ENROLLMENT FORM
2021-2022

PLEASE PRINT

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

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

Apprentice Information: Please print legibly. 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 Fee | Non Apprentice Surcharge | Total |
|------------------------|--|-------------------------------|------------------|---------|------------|------|-------------|--------------------------------|-------|
| | _____ | () _____ | | \$ | \$ | \$ | \$ | \$ | \$ |
| | _____ | () _____ | | \$ | \$ | \$ | \$ | \$ | \$ |
| | _____ | () _____ | | \$ | \$ | \$ | \$ | \$ | \$ |
| | _____ | () _____ | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | | | | | | Total this page: \$ | |

Method of Payment: ___ VISA ___ MASTER CARD ___ CHECK ___ CASH

_____-_____-_____-_____-_____-_____-_____-_____-_____- 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

Page _____ of _____ Pages
Total of all pages : \$ _____
Amount of Check: \$ _____
Check Number: _____

| |
|------------------------------|
| For Office Use Only |
| Credit Card Approval # _____ |
| Receipt No. _____ |