

Payment MUST accompany enrollment. Submit credit card payment with completed form to AdultEveApprentice@nps.k12.va.us

ADULT EVENING SCHOOL ENROLLMENT FORM 2026 - 2027

PLEASE PRINT

Name: _____ **Date:** ____/____/____ **Home Phone:** (____) _____ **Work Phone:** (____) _____

Address: _____

Street	City	Zip
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Class: _____ **Email address** _____

Circle Meeting Days

Class Meets: **Monday and Wednesday** **Tuesday and Thursday**

Date Class Begins: ___ / ___ / ___ **Room:** _____

Method of Payment: VISA MASTER CARD CHECK / MONEY ORDER CASH

Number exactly as it appears on Credit Card:

Expiration Date: /

Signature:_____

Name as it appears on credit card: _____ **_____ Company Card _____ Personal Card**
(Please Print)

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.

Amount of Check: \$

Check Number: