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

Norfolk Technical Center
Adult Evening School Enrollment Form
2025 - 2026

PLEASE PRINT

Name:		Date://	_Home Phone: () Work	x Phone: ()	
Address:	Street		City			
	Street		City		Zip	
Class:			Email ad	ldress		
Circle Meeting	g Days					
Class Meets: Monday and Wednesday Tuesday and Thursday						
Date Class Be	gins:// Room: _					
Method of Payment: VISA MASTER CARD CHECK / MONEY ORDER CASH						
Number exactly as it appears on Credit Card:						
				Expiration	Date: /	
					Amount of Check: \$	
Signature:					Check Number:	
Name as it appears on credit card: (Please Print) Company Card Personal Card						
FAX ΤΟ·	(757) 892-3305				For Office Use Only	
FAX TO:(757) 892-3305MAIL TO:Norfolk Technical Center		ult Evening Schoo	lt Evening School		C. C. Approval #	
	1330 N. Military Highway Norfoliz, VA 23502	_			Receipt Number	
	Norfolk, VA 23502					