

Broward Technical Colleges



**Atlantic Technical College
and Technical High School**
4700 Coconut Creek Pkwy ♦ Coconut Creek, FL 33063
754-321-5100

**McFatter Technical College
and Technical High School**
6500 Nova Drive ♦ Davie, FL 33317
754-321-5700

**Sheridan Technical College
and Technical High School**
5400 Sheridan Street ♦ Hollywood, FL 33021
754-321-5400

**Atlantic Technical College
Arthur Ashe Jr., Campus**
1701 NW 23rd Ave. ♦ Fort Lauderdale, FL 33311
754-322-2800
www.atlantitechnicalcollege.edu

**McFatter Technical College
Broward Fire Academy**
2600 SW 71st Terrace ♦ Davie, FL 33314
754-321-1300 ♦ www.broward.k12.fl.us/bfa
www.mcfattertechnicalcollege.edu

**Sheridan Technical College
West Campus**
20251 Stirling Road ♦ Pembroke Pines, FL 33332
754-321-3900
www.sheridantechicalcollege.edu

DEPENDENT INFORMATION

This data sheet is to be completed by the foreign student planning to bring family members to Broward Technical Colleges. Please complete all sections regarding family members who will be accompanying you in the United States, and attach a photocopy of the biographical page of passport for each dependent as well as proof of relationship (e.g., marriage and birth certificates). Only the spouse and children under age 21 are eligible for dependent visas. All others should inquire at a U.S. Embassy or Consulate about other visa options. Please, be advised that each person entering the United States will need his/her own visa document. If you need more space, please attach additional copies to this form.

STUDENT FULL LEGAL NAME: <i>(exactly as printed on your passport)</i>		
LAST/FAMILY/SUR NAME(S):	FIRST/GIVEN NAME(S):	MIDDLE NAME(S):
STUDENT DATE OF BIRTH: (mm/dd/yyyy)	STUDENT E-MAIL:	

FAMILY INFORMATION

FAMILY MEMBER 1		
FAMILY LAST NAME(S):	GIVEN NAME(S):	MIDDLE NAME(S):
DATE OF BIRTH (MM/DD/YYYY):	COUNTRY OF CITIZENSHIP:	
RELATIONSHIP TO STUDENT:		
GENDER:		
COUNTRY OF LEGAL PERMANENT RESIDENT:		
PERMANENT ADDRESS OUTSIDE THE UNITED STATES:		
PHYSICAL ADDRESS INSIDE THE UNITED STATES:		

FAMILY MEMBER 2		
FAMILY LAST NAME(S):	GIVEN NAME(S):	MIDDLE NAME(S):
DATE OF BIRTH (MM/DD/YYYY):	COUNTRY OF CITIZENSHIP:	
RELATIONSHIP TO STUDENT:		
GENDER:		
COUNTRY OF LEGAL PERMANENT RESIDENT:		
PERMANENT ADDRESS OUTSIDE THE UNITED STATES:		
PHYSICAL ADDRESS INSIDE THE UNITED STATES:		

<i>FAMILY MEMBER 3</i>		
FAMILY LAST NAME(S):	GIVEN NAME(S):	MIDDLE NAME(S):
DATE OF BIRTH (MM/DD/YYYY):	COUNTRY OF CITIZENSHIP:	
RELATIONSHIP TO STUDENT:		
GENDER:		
COUNTRY OF LEGAL PERMANENT RESIDENT:		
PERMANENT ADDRESS OUTSIDE THE UNITED STATES:		
PHYSICAL ADDRESS INSIDE THE UNITED STATES:		

<i>FAMILY MEMBER 4</i>		
FAMILY LAST NAME(S):	GIVEN NAME(S):	MIDDLE NAME(S):
DATE OF BIRTH (MM/DD/YYYY):	COUNTRY OF CITIZENSHIP:	
RELATIONSHIP TO STUDENT:		
GENDER:		
COUNTRY OF LEGAL PERMANENT RESIDENT:		
PERMANENT ADDRESS OUTSIDE THE UNITED STATES:		
PHYSICAL ADDRESS INSIDE THE UNITED STATES:		

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Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or Teletype Machine (TTY) 754-321-2158.