

**BROWARD TECHNICAL CENTERS
PRIVATE SCHOOLS AND HOME EDUCATION
TECHNICAL PROGRAM APPLICATION**

Technical Center: (check one)



Atlantic



McFatter



Sheridan

Date: _____ Birth Date: _____ FSI#: _____

Name: _____ Name of High School _____
First Name Last Name

Address: _____ Student Cell _____

City, State Zip Code _____ Parent Cell _____

Parent Email Address _____ Home Phone _____

Student Email Address _____

Grade level at time of entry: (check one) 11 or 12 Term of Entry (check one) Aug Jan Other

PLEASE REFER TO PROGRAM SELECTION DOCUMENT TO COMPLETE THE FOLLOWING

Program Choice

First Choice: _____ Time: _____ Second Choice: _____ Time: _____

(Signature of Applicant)

(Signature of Parent/Guardian
if under 18)

This application cannot be processed without the student attending a general orientation (in person) and meeting the computerized placement Tests of Adult Basic Education (TABE) program exit scores. Failure to meet these requirements will result in a delay of the final decision.

To Be Completed by a High School Counselor

I recommend the above student to enroll as a Share Time student.

Yes No

If no, please state reason: _____

Signature of Counselor/School Official

Print Name of Counselor/School Official

Counselor Phone Number

Documents Needed:

- _____ Official Transcript
- _____ Discipline Record
- _____ Attendance Record
- _____ IEP or 504 Plan

BROWARD TECHNICAL CENTER ONLY

Date Received _____ Initials _____

