



200 North Main Street, Hatfield, PA 19440 ♦ 800.235.4021 ext 146

Office of Admissions

Dependent Information Form

- 1. Are you Married? Yes No
- 2. If yes, what is your spouse's name:

(Spouse's first name) *(middle)* *(last name)* *(Spouse's Date of Birth)* *(Citizenship)*

3. Country of birth: _____

4. Do you have dependent children? yes no

5. If yes, complete the following information below for only those dependent children who will be accompanying you to the United States.

Child #1 _____

(First name) *(Middle)* *(Last name)* *(Date of Birth)* *(Citizenship)* *(Male or Female)*

Child #2 _____

(First name) *(Middle)* *(Last name)* *(Date of Birth)* *(Citizenship)* *(Male or Female)*

Child #3 _____

(First name) *(Middle)* *(Last name)* *(Date of Birth)* *(Citizenship)* *(Male or Female)*

Child #4 _____

(First name) *(Middle)* *(Last name)* *(Date of Birth)* *(Citizenship)* *(Male or Female)*

Child #5 _____

(First name) *(Middle)* *(Last name)* *(Date of Birth)* *(Citizenship)* *(Male or Female)*

Child #6 _____

(First name) *(Middle)* *(Last name)* *(Date of Birth)* *(Citizenship)* *(Male or Female)*

Student's **PRINTED** Name

Student's Signature

Date