

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

Technical Center: (check one)

Atlantic ☐

McFatter ☐

Sheridan ☐

Date: _____

Birth Date: _____

FSI#: _____

Name: _____
First Name Last Name

Name of High School _____

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 _____