

# BROWARD TECHNICAL CENTER SHARE TIME APPLICATION

Technical Center: (check one)



Atlantic



McFatter



Sheridan

Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_ FSI#: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Home 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

Need Transportation (check one): Yes No

**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 taking the computerized Tests of Adult Basic Education (TABE). Failure to complete either requirement 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

BROWARD TECHNICAL CENTER ONLY

Date Received \_\_\_\_\_ Initials \_\_\_\_\_