

## Dependent Information

If you are bringing a spouse or children to the U.S with you, the English Center must prepare a form I-20 for each of them. Please provide the following information for the I-20.

If you are bringing a spouse, please provide the following information about him or her:	Last or Family Name* <input style="width: 100%;" type="text"/> First Name(s)* <input style="width: 100%;" type="text"/> Middle Name <input style="width: 100%;" type="text"/>						
Date of Birth*	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">January</td> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; width: 40px;"></td> </tr> <tr> <td style="text-align: center;">▼</td> <td style="text-align: center;">▼</td> <td></td> </tr> </table> Month                  Date                  Year	January	01		▼	▼	
January	01						
▼	▼						
Gender*	Male: <input type="radio"/> Female: <input type="radio"/>						
Country of Birth:*	Please select a country [drop-down]						
Country of Citizenship:*	Please select a country [drop-down]						
Relationship to you*	Husband <input type="radio"/> Wife <input type="radio"/>						

If you have a child or children, please provide information about child #1:	Last or Family Name* <input style="width: 100%;" type="text"/> First Name(s)* <input style="width: 100%;" type="text"/> Middle Name <input style="width: 100%;" type="text"/>						
Date of Birth*	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">January</td> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; width: 40px;"></td> </tr> <tr> <td style="text-align: center;">▼</td> <td style="text-align: center;">▼</td> <td></td> </tr> </table> Month                  Date                  Year	January	01		▼	▼	
January	01						
▼	▼						
Gender*	Male: <input type="radio"/> Female: <input type="radio"/>						
Country of Birth:*	Please select a country [drop-down]						
Country of Citizenship:*	Please select a country [drop-down]						
Relationship to you*	Son <input type="radio"/> Daughter <input type="radio"/>						
Please provide information about child #2:	Last or Family Name* <input style="width: 100%;" type="text"/> First Name(s)* <input style="width: 100%;" type="text"/> Middle Name <input style="width: 100%;" type="text"/>						
Date of Birth*	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">January</td> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; width: 40px;"></td> </tr> <tr> <td style="text-align: center;">▼</td> <td style="text-align: center;">▼</td> <td></td> </tr> </table> Month                  Date                  Year	January	01		▼	▼	
January	01						
▼	▼						
Gender*	Male: <input type="radio"/> Female: <input type="radio"/>						

Country of Birth:*	Please select a country [drop-down]
Country of Citizenship:*	Please select a country [drop-down]
Relationship to you*	Son <input type="radio"/> Daughter <input type="radio"/>
Please provide information about child #3:	Last or Family Name* <input type="text"/> First Name(s)* <input type="text"/> Middle Name <input type="text"/>
Date of Birth*	<input type="text" value="January"/> <input type="text" value="01"/> <input type="text"/> Month Date Year
Gender*	Male: <input type="radio"/> Female: <input type="radio"/>
Country of Birth:*	Please select a country [drop-down]
Country of Citizenship:*	Please select a country [drop-down]
Relationship to you*	Son <input type="radio"/> Daughter <input type="radio"/>
Please provide information about child #4:	Last or Family Name* <input type="text"/> First Name(s)* <input type="text"/> Middle Name <input type="text"/>
Date of Birth*	<input type="text" value="January"/> <input type="text" value="01"/> <input type="text"/> Month Date Year
Gender*	Male: <input type="radio"/> Female: <input type="radio"/>
Country of Birth:*	Please select a country [drop-down]
Country of Citizenship:*	Please select a country [drop-down]
Relationship to you*	Son <input type="radio"/> Daughter <input type="radio"/>
Please provide information about child #5:	Last or Family Name* <input type="text"/> First Name(s)* <input type="text"/> Middle Name <input type="text"/>
Date of Birth*	<input type="text" value="January"/> <input type="text" value="01"/> <input type="text"/> Month Date Year
Gender*	Male: <input type="radio"/> Female: <input type="radio"/>
Country	Please select a country [drop-down]

of Birth:*	
Country of Citizenship:*	Please select a country [drop-down]
Relationship to you*	Son <input type="radio"/> Daughter <input type="radio"/>