

Dependent Record Form

Please print clearly

_____ Dependent's (Spouse's) Last/Family Name	_____ First Name	_____ Date of Birth (mm/dd/yy)		
<input type="checkbox"/> Husband of <input type="checkbox"/> Wife of	_____ Student's (Principal's) Last Name/Family Name	_____ First Name	_____ Student ID #	
Local Residence:				
_____ House Number, Street	_____ Apt.	_____ City	_____ State and Zip Code	
_____ Mobile Telephone	Do you speak English? <input type="checkbox"/> Not at all <input type="checkbox"/> Limited <input type="checkbox"/> Fluently			
_____ Would you like to join the ISS's Family Email List?				
_____ Email Address	<input type="checkbox"/> Yes <input type="checkbox"/> No, Thank You			
Children:				
Last Name	First Name	Male	Female	Date of Birth (mm/dd/yy)
1.				
2.				
3.				

In addition, to this form, please attach copies of the following immigration documents for EACH dependent:

1. front and back of I-94 card or I-94 print out and admission stamp from passport
2. nonimmigrant visa
3. passport (including the renewal page, if necessary)
4. the stamped I-20 or DS-2019
5. approval notice for change of status (if any of the dependents changed status to F-2 or J-2)