



BILINGUAL EDUCATION INSTITUTE

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DEPENDENT ADDENDUM

Dependent 1

LEGAL NAME AS IT APPEARS ON YOUR PASSPORT				
Last (family name)	First	Middle		
CITY OF BIRTH		COUNTRY OF BIRTH		COUNTRY OF CITIZENSHIP
DATE OF BIRTH	SEX	U.S. Home Phone #		E-mail Address
____/____/____ Month Day Year	<input type="checkbox"/> Female <input type="checkbox"/> Male			
RELATIONSHIP TO F-1	U. S. RESIDENT ADDRESS			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Street and Number		City	State Zip/Postal Code

Dependent 2

LEGAL NAME AS IT APPEARS ON YOUR PASSPORT				
Last (family name)	First	Middle		
CITY OF BIRTH		COUNTRY OF BIRTH		COUNTRY OF CITIZENSHIP
DATE OF BIRTH	SEX	U.S. Home Phone #		E-mail Address
____/____/____ Month Day Year	<input type="checkbox"/> Female <input type="checkbox"/> Male			
RELATIONSHIP TO F-1	U. S. RESIDENT ADDRESS			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Street and Number		City	State Zip/Postal Code

Dependent 3

LEGAL NAME AS IT APPEARS ON YOUR PASSPORT				
Last (family name)	First	Middle		
CITY OF BIRTH		COUNTRY OF BIRTH		COUNTRY OF CITIZENSHIP
DATE OF BIRTH	SEX	U.S. Home Phone #		E-mail Address
____/____/____ Month Day Year	<input type="checkbox"/> Female <input type="checkbox"/> Male			
RELATIONSHIP TO F-1	U. S. RESIDENT ADDRESS			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Street and Number		City	State Zip/Postal Code

Dependent 4

LEGAL NAME AS IT APPEARS ON YOUR PASSPORT				
Last (family name)	First	Middle		
CITY OF BIRTH		COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
DATE OF BIRTH	SEX	U.S. Home Phone #	E-mail Address	
____/____/____ Month Day Year	<input type="checkbox"/> Female <input type="checkbox"/> Male			
RELATIONSHIP TO F-1	U. S. RESIDENT ADDRESS			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Street and Number	City	State	Zip/Postal Code

Dependent 5

LEGAL NAME AS IT APPEARS ON YOUR PASSPORT				
Last (family name)	First	Middle		
CITY OF BIRTH		COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
DATE OF BIRTH	SEX	U.S. Home Phone #	E-mail Address	
____/____/____ Month Day Year	<input type="checkbox"/> Female <input type="checkbox"/> Male			
RELATIONSHIP TO F-1	U. S. RESIDENT ADDRESS			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Street and Number	City	State	Zip/Postal Code

Dependent 6

LEGAL NAME AS IT APPEARS ON YOUR PASSPORT				
Last (family name)	First	Middle		
CITY OF BIRTH		COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
DATE OF BIRTH	SEX	U.S. Home Phone #	E-mail Address	
____/____/____ Month Day Year	<input type="checkbox"/> Female <input type="checkbox"/> Male			
RELATIONSHIP TO F-1	U. S. RESIDENT ADDRESS			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Street and Number	City	State	Zip/Postal Code

 Applicant Signature

 Date

 BEI Representative Signature