



Date \_\_\_\_\_

## Student Data

This information is required by the California Department of Public Health (CDPH) and is to be kept on file while you are a student in the NA/HHA Program.

<b>Student Name:</b> _____  <b>Shasta College Student ID#:</b> _____  <b>Age:</b> _____ <b>Birthdate:</b> _____  <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Address:</b> _____ _____  <b>County of Residence:</b> _____  <b>Email:</b> _____  <b>Phone:</b> _____  <b>Alternate/Cell #</b> _____
--	---

<p><b>Are you a re-admit student from a Shasta College NA or HHA course?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Have you attended another NA or HHA Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, what school did you attend and what was the reason for not completing that program?</b> _____ _____</p> <hr/> <p><b>Which course are you entering?</b> <input type="checkbox"/> HEOC 130 (Nurse Assistant) <input type="checkbox"/> HEOC 131 (Home Health Aide)</p> <p><b>Do you have previous work experience in one of the following settings?</b></p> <p><input type="checkbox"/> Long-term care facility      <input type="checkbox"/> Acute care hospital      <input type="checkbox"/> Home care setting</p>
--

**Are you a veteran?** ☐ Yes ☐ No

**Are you sponsored by any of the following agencies?**

☐ Smart Center      ☐ CalWORKS      ☐ other      ☐ No

**Are you receiving Financial Aid for school? (Pell Grant, Scholarship, Loan or other)** ☐ Yes ☐ No

<b>Ethnic Background:</b>	
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black	<input type="checkbox"/> Native American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Mixed
<input type="checkbox"/> Other	