



Date _____

Student Data

This information is to be kept on file while you are a student in the Physical Therapist Assistant program.

Student Name:

Student ID# _____
Age: ____ Birthdate: _____
 Male Female

Address:

County of Residence: _____
Email: _____
Phone: _____

Did you take prerequisite courses from another college: Yes No

If yes, where: _____

Are you a re-admit student from the Shasta College PTA program? Yes No

Are you a veteran? Yes No

Are you sponsored by: Smart Center CalWORKs other

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

What language other than English do you speak? _____

(Fluent enough to conduct a patient history or assessment)

Ethnic Background:

<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	