



Date _____

Student Data

This information is required by the Board of Vocational Nursing & Psychiatric Technicians (BVNPT) and is to be kept on file while you are a student in the Vocational Nursing Program.

Student Name:

Student ID #: _____

Age: _____ Birthdate: _____

Male Female

Address:

County of Residence: _____

Email: _____

Phone: _____

Alternate/Cell # _____

Did you take prerequisite courses from another college: Yes No

If yes, where: _____

Are you seeking to challenge VOCN 160 or VOCN 161? Yes No

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

Are you an advanced placement student from another college? Yes No

Have you attended another Vocational Nursing program? Yes No

If yes, what school did you attend and what was the reason for not completing that program? _____

Do you have previous work experience as: CNA Medical Corps

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:

Asian Hispanic

Black Native American

Caucasian Pacific Islander

Filipino Asian Indian

Native Hawaiian Mixed

Other