

Student Data

This information is required by the Board of Registered Nursing and is to be kept on file while you are a student in the Associate Degree Nursing Program.

Student Name: _____ Student ID# _____ Age: ____ Birthdate: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Address: _____ County of Residence: _____ Email: _____ Phone: _____ Alternate/Cell # _____
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Did you take prerequisite courses from another college: Yes No

If yes, where: _____

<p>Are you a challenge student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a re-admit student from the Shasta College ADN program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you an advance placement student from another college? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you attended another ADN or BSN program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what school did you attend and what was the reason for not completing that program? _____</p> <hr/> <p>Which course are you entering? <input type="checkbox"/> REGN 1/2 <input type="checkbox"/> REGN 10/11/12 <input type="checkbox"/> REGN 20/21 <input type="checkbox"/> REGN 33/34</p> <p>Do you have previous work experience as: <input type="checkbox"/> LVN <input type="checkbox"/> CNA <input type="checkbox"/> CORPS</p>
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Are you sponsored by: PIC 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"/> Other
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