



Date _____

Student Data

This information is required by the Department of Health Services and is to be kept on file while you are a student in the NA/HHA Program enrolled in either HEOC 180 or HEOC 181.

Student Name:

 SS# _____
 Student ID# _____
 Age: _____ Birthdate: _____
 Male Female
 Marital Status:
 Single Married Divorced

Address:

 County of Residence: _____
 Email: _____
 Phone: _____
 Alternate/Cell # _____

Are you a re-admit student from the Shasta College NA/HHA program? Yes No
 Have you attended another NA/HHA Program? Yes No
 If yes, what school did you attend and what was the reason for not completing that program? _____

 Which course are you entering? HEOC 180 HEOC 181
 Do you have previous work experience in a
 Long-term care facility Acute care hospital Home care setting

Are you sponsored by: PIC CalWORKS Other

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

Ethnic Background:
 Asian Hispanic
 Black Native American
 Caucasian Pacific Islander
 Filipino Other