



Name:

Last First Middle Social Security Number

Address: _____ Birthday: _____

& Street/or P.O. Box MM/DD/YYYY

City/State/Zip: Primary phone Message phone

Alias(es)/Other Names: _____

WHC E-Mail _____ Personal E-mail: _____

Are you a Veteran? Yes No

Documentation received

Have you ever attended a Paramedic program? Yes No

If yes, when and where _____

Education

High School: Please check only one item and submit supporting documentation (i.e., unofficial high school transcript, or copy of diploma, or GED/CHSPE,)

- Have a high school diploma. Name of HS and Year Graduated _____
- Earned a G.E.D. with a minimum score of 45 (required)
- Foreign Secondary School Diploma/Certificate of Graduation
- Received a California High School Proficiency Certificate (CHSPE)

Colleges: List all colleges previously attended or currently enrolled. Failure to disclose **ALL** colleges and submit official transcripts is considered academic fraud and students will be subject to immediate dismissal.

College Name	City	State	Dates Attended	Office use Only Official Transcripts Rec'd

Two (2) official, sealed college transcripts (for every college attended), and one unofficial High School transcript/diploma or GED/CHSPE transcript must be submitted with your application packet.

Note: All immunizations, physical, liability and health professional CPR requirements, consents, proof of valid transportation, background check, etc. must be met prior to final admission to the program.

I Hereby Certify, under penalty of perjury, that all information supplied on this document is complete and accurate to the best of my knowledge. I further understand that any misinformation, intentional or otherwise, **will** result in my removal of consideration for selection.

I also acknowledge that I have fully read and understand the Student Application Information Sheet.

Signature WHCL ID# Date

West Hills College Lemoore, Health Careers
555 College Ave
Lemoore, California 93245



WEST HILLS COLLEGE LEMOORE

Student Demographics Sheet

Name: _____

Social Security # _____ WHCL ID# _____

Primary Language: _____ Additional Languages: _____

Birth date: _____

1. Age: 18-25 26-35 36-45 46-55 >56 Info not available

2. Ethnic Background: Native American Asian or Pacific Islander
African American Filipino Hispanic White, non Hispanic
Other Unknown

3. ESL (English as a Second Language)? Yes No

4. Gender: Male Female Non binary

5. Do you receive financial aid? Yes ___ No ___

Type (BOGG waiver, Workforce, etc.) _____

6. Are you currently employed? No Yes Where? _____



West Hills College Lemoore Health Careers

RELEASE OF INFORMATION

Personally identifiable information from educational records cannot be released without the prior written consent of the student, except as specified under the provisions of FERPA (Family Educational Rights and Privacy Act of 1974).

The West Hills College Lemoore Health Careers Office is required by its contracts with various health facilities for clinical placements with clinical and community institutions to provide certain personal information to the agency. The release of information is required in order to allow you to receive your clinical experience. The clinical agencies are required to have certain information because of JACHO accreditation and other federal requirements.

It is therefore necessary for you to provide your clinical instructor a **Release of Information** form when you give her/him the immunizations, TB test results, malpractice insurance information, etc. as requested by each clinical agency.

By signing this form you are giving the school and WHCL Health Careers or its representative such as your clinical instructor, the right to provide your personal and academic information to the agency in need of specific information necessary for your clinical rotation. This includes the release of your grades on a pass/fail basis and for any safety issues that might arise.

Name of Student: _____
Please print your name

Name of Student: _____
Please sign legibly

Date: _____

West Hills College
Student ID Number: _____