

WEST VIRGINIA NURSING ACADEMY

STUDENT APPLICATION

A COLLABORATIVE EFFORT SUPPORTED BY THE WEST VIRGINIA CENTER FOR NURSING,

PURPOSE AND INSTRUCTIONS

ADMISSION REQUIREMENTS

STUDENT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	NICKNAME
------------	----------------	-----------	----------

BIRTH DATE (MM/DD/YYYY)	HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS
-------------------------	-------------------	-------------------	---------------

STREET ADDRESS/PO BOX

CITY	STATE	ZIP CODE	COUNTY
------	-------	----------	--------

T-SHIRT SIZE (PLEASE SELECT ONE)

XS S M L XL XXL

MEDICAL PROBLEMS AND/OR MEDICATIONS

SCHOOL INFORMATION

NAME OF SCHOOL CURRENTLY ATTENDING	CURRENT GRADE/CLASS LEVEL IN SCHOOL			
SCHOOL ADDRESS	CITY	STATE	ZIP	COUNTY
CURRENT OVERALL GRADE POINT AVERAGE				

EMERGENCY CONTACTS

In case of medical emergency, staff must be able to contact a parent/guardian or other designated emergency contact authorized to approve medical treatment for the student. Please provide current and accurate information and assure that you and/or your back up contact are always available while the student is participating in Nursing Academy activities.

PRIMARY EMERGENCY CONTACT NAME	RELATIONSHIP TO STUDENT	
STREET ADDRESS, CITY, STATE, ZIPCODE		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER

SECONDARY EMERGENCY CONTACT NAME	RELATIONSHIP TO STUDENT	
STREET ADDRESS, CITY, STATE, ZIPCODE		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER

STUDENT AND PARENT CERTIFICATIONS

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

MEDIA RELEASE

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

COMPLETED APPLICATIONS MUST BE RETURNED BY:

Questions? Contact us at: