

Date Received\_\_\_\_\_

**Nursing Fundamentals Application**

***\*STUDENTS NOT RETURNING THE APPLICATION BY THE DEADLINE WILL BE MOVED TO PROVISIONAL STATUS.***

***There are limited openings for Nursing Fundamentals' students @ CATS.***

**Name:**

**Parent/Guardian's Name:**

**Address:**

**City:**

**Zip:**

**Primary Student Phone:** \_\_\_\_\_ cell/home/parent

**Primary Student email:** \_\_\_\_\_

**Primary Parent Phone:** \_\_\_\_\_ cell/home/work.

**Primary Parent email:** \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.**

**1. What careers or occupations have you considered exploring?**

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(c) \_\_\_\_\_

**2. At present, in what occupation are you most interested?**

\_\_\_\_\_

**3. Are you acquainted with this field of work? (Circle one)    yes    no**

**4. What have been your sources of information?**

(a)\_\_\_\_hobby

(b) \_\_\_\_know someone in this work

(c)\_\_\_\_work experience

(d) \_\_\_\_have read about it

(e)\_\_\_\_other (explain) \_\_\_\_\_

5. Please list below all Health Science CLASSES you have taken, the TEACHER you had, and your final GRADE. If you have not taken the class yet, but have registered to take it for next year, indicate that below as well.

- 1.
- 2.
- 3.
- 4.
- 5.

**\*THE REMAINDER OF THE APPLICATION INCLUDES RESPONSES FOR PARENTS/GUARDIANS. Their signature (along with the applicant's) is REQUIRED. Both parties should read the remainder of the application in its entirety!**

#### PARENTAL RESPONSES

6. Do you give parental approval for this course?

- (a)\_\_\_your full approval
- (b)\_\_\_your questionable approval
- (c)\_\_\_you are undecided
- (d)\_\_\_does not have my approval
- (e)\_\_\_you do not mind either way
- (f)\_\_\_you would like additional information about the course of study

7. Do you feel this course will be helpful to your child in relation to his/her future goals?  
(Circle) yes no

8. Do you grant permission for your son/daughter to participate in instructional activities located in healthcare agencies (hospitals, physician's offices, dental offices, veterinary offices, health departments, nursing homes, etc.)? (Circle) yes no

9. Please circle the appropriate response below:

- |     |    |   |
|-----|----|---|
| yes | no | 1. Will you be able to purchase the uniform(s) for your child to wear while in the clinical site (estimated cost \$30/set)? |
| yes | no | 2. Will you be able to purchase a watch with a second hand?   |
| yes | no | 3. Will you agree to your student having a background check, and urine drug screen?   |
| yes | no | 4. Will you agree for your child to be tested for TB?   |
| yes | no | 5. Will you agree to attend a parent meeting?   |

- yes      no      6. Will you agree for your student to be vaccinated against hepatitis B prior to clinical? (Only for students who have NOT completed the vaccinations)
- yes      no      7. Do you understand your student must provide their own transportation to clinical Sites and CATS? (Or be able to arrange transportation, with appropriate permissions, with another student.)
- yes      no      8. Will you ensure that your student has accident insurance?
- yes      no      9. Do you approve your student's participation in this course?

### STUDENT REPSONSES

10. Do you have a job? (circle)      yes      no

How many hours do you work each week? \_\_\_\_\_hours/week (leave blank if not applicable) If the job interferes, are you willing to cut your hours to succeed in Nursing Fundamentals? (circle) yes      no

11. Do you participate in any sports? (circle)      yes      no

Which sport, what semester? \_\_\_\_\_(leave blank if not applicable) If so, will this sport interfere with your participation and success in Nursing Fundamentals? (circle)      yes      no

12. Are you or will you be involved in ANY school-sanctioned activities which may result in your missing time in Nursing Fundamentals (such as, but not limited to: pep rallies, prom preparations, competitions, field trips, including Senior trip, club meetings and club obligations? (circle)      yes      no

If your answer is "yes", explain what you will be doing

13. Do you understand that you may not be unable to participate in field trips in other classes because of your commitment to Nursing Fundamentals? (circle)      yes      no

Parent Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

**14. Do you understand that you will be allowed to miss a MAXIMUM of twelve hours in this class, and that this time includes absences for ANY reason, tardies, early dismissals, school-sanctioned field trips/activities, etc.? (circle)      yes      no**

**If you replied "yes" to this question, please initial:**

**Student \_\_\_\_\_ Parent \_\_\_\_\_**

**15. Do you understand that you will be wearing your scrubs outfit EVERYDAY, whether at clinical facilities or CATS? You will be expected to have them within two weeks of the beginning of the semester. (circle)      yes      no**

**16. Do you understand your failure of either the background check or the drug screening could result in immediate dismissal from the program? (circle)      yes      no**

**If you replied "yes" to this question, please initial and have parent initial that you understand.**

**Student \_\_\_\_\_ Parent \_\_\_\_\_**

*Nursing Fundamentals gives students the opportunity to obtain knowledge and learn necessary skills to sit for the North Carolina State Board of Nursing Certified Nursing Assistant (CNA) Exam. In order to meet those requirements, students must spend an appropriate amount of time in the class lab setting and in the clinical facilities and have appropriate grades and skill levels. Class size is limited to TEN per the State Board.*

**Due to Mrs. Sonja Lewis (Counselor) at the Career Academy and Technical School (CATS) by:  
Friday, March 27, 2020**

**\_\_\_\_\_ Application (this document)**

**\_\_\_\_\_ Immunizations (Preferred by April 28, 2017 but accepted through June 10, 2017)**

**\_\_\_\_\_ Copy of driver's license or explanation of transportation plan( May be sent via e-mail)**

**Transcripts, discipline record and attendance record will be obtained directly from the student's high school by CATS.**

**\_\_\_\_\_ Copy of CPR card**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Return by: FAX 704-978-2792, scan/email to: [slewis@iss.k12.nc.us](mailto:slewis@iss.k12.nc.us) ,**

**US mail: 350 Old Murdock Rd. Troutman, NC 28166 or hand deliver**

*Health Sciences Education does not discriminate against gender race, handicaps, limited English speaking persons, or diseases/disorders. Let it be known that a requirement of the testing agency for CNA is a valid Social Security Card. If students do not currently have one, it is a good idea to start the process of obtaining one. They must present this card to the evaluator at test time or they will not be allowed to sit for the exam. This is not a requirement of the class, or Iredell-Statesville Schools, but of the testing agency for CNA.*