

**Application for Medicaid Nursing Assistant  
Health Science Class  
Russell ATC**

Name: \_\_\_\_\_

Current Grade level: \_\_\_\_\_

Attendance for the past school year: Total Days Missed \_\_\_\_\_ Total Unexcused Days Missed \_\_\_\_\_

Total Days Tardy \_\_\_\_\_

GPA: \_\_\_\_\_

**Guidelines for program enrollment:**

- Attendance and GPA will be taken into consideration during enrollment process.
- A completed application is no guarantee of Health Science class enrollment.
- All accepted applicants must be in their Junior or Senior year of high school.
- Students on homebound are not eligible due to hands on participation and clinical requirements.

*Please explain why you want to be enrolled in the Medicaid Nurse Aide class:*

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Career Goal: \_\_\_\_\_