

Paramedic Program

Student Application



West Hills College Lemoore
Health Careers
555 College Ave
Lemoore, California 93245
www.westhillscollge.com

Are you a Veteran?

___ Yes ___ No

Documentation
Received

Have you ever attended a Paramedic program?

If yes, when and where _____

Name: _____

Last

First

Middle

Social Security Number

Address: _____ Birthday: MM/DD/YYYY _____

City/State/Zip: _____ Primary phone _____ Message phone _____

Alias(es)/Other Names: _____ WHC E-Mail _____

Personal E-mail: _____

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	Official Transcripts Rec'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please use reverse side for additional information

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 _____