

**Contract For Service Participation Approval Form
Gateway Technical College Nursing Assistant**



Gateway's Nursing Assistant Course requires program acceptance to the Nursing Assistant program, requiring an application (app fee available), placement testing (\$15), and background check (\$52) prior to the first day of class. Students participating in clinicals are required to order a Medical Document Manager (\$33). Each clinical placement has site specific requirements which may include COVID-19 vaccination requirements. These requirements are subject to change with little or no notice. Students must also complete an online registration form to enroll in the Contract For Service Nursing Assistant section. After successfully completing the course, students have the opportunity to take the State of Wisconsin's licensure exam to become a Certified Nursing Assistant (CNA). Please note, there is a \$125 fee for exam. An average of 78% or better is required on all coursework in order to pass the classroom part of the course. Attendance is very important in this class. There are federal requirements of attendance. Too many hours missed could result in an incomplete or a failure of the course.

I. STUDENT INFORMATION & GATEWAY COURSE INFORMATION *(completed by student / parent)*

Student Name <i>First, Middle, Last</i>		Student's Birthdate <i>Mo./Day/Yr.</i>	Gender M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Parent/Guardian Name <i>First, Last</i>		Parent/Guardian Phone <i>Area/No.</i>	Parent/Guardian Email
Address <i>Street, City, State, Zip, County</i>			
Student Phone <i>Area/No.</i>	Student Email		
High School Student Attends & Projected Graduation Year		School District in Which Student Resides	
High School Counselor		High School Counselor Email	
Student High School GPA & ACT Test Score (if applicable):		Grade Student Will be in When Taking These Courses <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Course Name	Course Number & Credits	Semester	Section Number (Dates/Times)
Nursing Assistant	543-200 2credits		

II. STUDENT & PARENT / GUARDIAN SIGNATURES *(completed by student / parent)*

STUDENT SIGNATURE—IN SIGNING THIS DOCUMENT, I acknowledge the following:

I authorize the high school and technical college to share and release course and grade information. I authorize the high school district to submit registration and drop forms on my behalf. I may be required to reimburse the high school district for the full cost of the course(s) tuitions, fees, and materials if I fail or drop the course(s) resulting in a failing grade. I understand that I must also meet all Gateway's admissions requirements & pre-reqs for each course prior to the first day of class. I must complete additional steps to enroll in the actual course(s) at Gateway.

Student Signature Required	Date Signed <i>Mo./Day/Yr.</i>
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PARENT/GUARDIAN SIGNATURE

I authorize the high school and technical college to share and release course and grade information. I authorize the high school district to submit registration and drop forms on my son's/daughter's behalf. I may be required to reimburse the high school district for the full cost of the course(s) tuitions, fees, and materials if my son or daughter fails or drops the course(s) resulting in a failing grade.

Parent/Guardian Signature Required	Date Signed <i>Mo./Day/Yr.</i>
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III. HIGH SCHOOL BOARD APPROVAL *(this section completed by district ONLY if the student is approved)*

I authorize the above student is approved to take the courses listed above through 38.14 Contract. The high school district is responsible to pay for the student's tuition and fees. The high school is responsible for ordering textbooks and ensuring students have appropriate supplies by the first day of class.

Name of High School District Approval Authority	Phone <i>Area/No.</i>
High School District Approval Authority Signature	Date Signed <i>Mo./Day/Yr.</i>