

Neyang School of Nursing  
189 S. Rogers Rd. Suite 1624  
Olathe, KS 66030  
Tel: 913-815-3286

## Application Form

### Prospective student information

Prospective student name-----  
Date of birth -----  
Address  
City-----State-----Zip code-----  
Phone number----- Last 4 digits SSN-----  
Email address-----  
Emergency contact person information  
Name ----- Relationship-----  
city -----State-----Zip code-----

### Prospective Student Educational Background (answer the questions below)

Have you graduated from high school? Yes-----/ No----- if yes tell us the graduation year and the name of the high school-----  
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Have you ever taken GED, ACT or SAT tests? Yes-----/No-----. If yes, tell us your score and the year you took the test

List of school attended from high school to universities including vocational schools etc...

School name	School address	City/state/zip	From-to	Degree/certificate

How did you hear about us?-----

Have you ever applied to the Neyang School of Nursing before? Yes-----/ No-----

Why are you interested in taking this course? (Briefly state your answer below)-----  
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Have you ever been accepted or denied from a C.NA or CMA program before? Yes-----  
-----No-----. If yes tell us what happened-----  
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Have you ever been convicted of a misdemeanor, felony, plead guilty or no contest in any state or jurisdiction? Yes-----/ No----- . If yes briefly describe the circumstance of your conviction-----  
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Can we have the permission to conduct your criminal background check and your social security verification?  
Yes----- No-----

**Reference information** (You can provide up to two references)

Reference #1:  
Name/address/Tel/ relationship-----  
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Reference #2  
Name/address/Tel/ Relationship-----  
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**Class information:**

**What class are you applying for? Circle one**

- C.NA
- C.N.A refresher
- CMA
- CMA update

**Signature/ Authorization**

I hereby make application for selection to Neyang School of Nursing and declare that the information on this application is complete and accurate, and that any misrepresentation, falsification, omission or any attempt to deceive the Neyang School of Nursing can be used to deny my future application to the school, or to cancel my enrollment.

**Prospective student Signature**-----/ Date-----

**Witness (school official)**-----/ Date-----