



# Memorandum

To: Class of 2024 — California Campus

From: Jon Daly, Director of Admissions

Re: Registration forms

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Greetings!

Please complete and return the enclosed registration forms as soon as possible, and **no later than July 1**. Please also take care to complete each part of these forms. If a question on a form does not apply to you, please mark “N/A” in the space provided.

In addition to these completed forms, the College also requires that you provide the following documents to complete your registration:

- Immunization records
- Copy of health insurance card
- Final high school transcript (with signature and date of graduation)
- Report of physical exam from within the last 18 months (see attached form if you will need to schedule an exam with your primary care provider).

## Registration forms

The completed and signed forms should be mailed to:  
Thomas Aquinas College, Attn. Admissions Office  
10,000 Ojai Rd, Santa Paula, CA 93060



# Freshman Registration

Date \_\_\_\_\_

## Please Print

Name \_\_\_\_\_  
Last name First name Middle name

Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Student cell phone \_\_\_\_\_

Email \_\_\_\_\_

Parents who have attended Thomas Aquinas College?  No  Yes Name(s): \_\_\_\_\_

Siblings who have attended Thomas Aquinas College?  No  Yes Name(s): \_\_\_\_\_

Relatives who have attended Thomas Aquinas College?  No  Yes Name(s): \_\_\_\_\_

To which printed or online publications does your family subscribe? (optional). \_\_\_\_\_

## Schools Attended

### Final Transcript

Last high school \_\_\_\_\_ Location \_\_\_\_\_ Grad. year \_\_\_\_\_  Sent  Will Send

Please send transcript by July 15, 2020

College \_\_\_\_\_ Dates \_\_\_\_\_ Degree(s) \_\_\_\_\_  Sent  Will Send

College \_\_\_\_\_ Dates \_\_\_\_\_ Degree(s) \_\_\_\_\_  Sent  Will Send

Will you be taking any classes this summer?  Yes  No  Unsure | Where? \_\_\_\_\_

## Family Information

Father's name  Dr.  Mr.  Other \_\_\_\_\_  
First name Middle name Last name

Address  Same as student's \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother's name  Dr.  Mrs.  Ms.  Other \_\_\_\_\_  
First name Middle name Last name

Address  Same as student's \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Guardian's name (if different than parents)  Dr.  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

Address  Same as student's \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_



### Previous Work Experience

Name \_\_\_\_\_

- This form will help our office make work assignments for students whose financial aid from the College includes a Service Scholarship (“work-study”).
- Please check “work” column in those boxes to indicate work you have done in that area. If you have had classes or instruction in any of these fields, please indicate this by checking the “class” box. If you commonly do this type of work at home, then check the “home” box.

#### #1

	work	class	home
Automotive maintenance			
Auto repair/mechanic work			
Driver/courier			
Filing			
Receptionist duties			
Telephone			
Accounting/Bookeeping			
Typing			
Data entry			
Computer networking			
Web development			
Computer programming			
Postage machine operation			
Retail sales			
Public relations			
Barista			
Food-counter service			
Server			
Cook/food prep			
Dishwashing			
Baking			
Catering			

	work	class	home
House cleaning			
Library assistant			
Calligraphy			
Drawing/art			
Graphic design			
Photography			
Audio visual			
General yard maintenance			
Landscaping			
Nursery/gardening			
Mowing			
Sprinkler system repair/installation			
Janitorial/maintenance			
Carpentry			
Construction			
House painting			
HVAC			
Electrical			
Other			

#### #2 Employer name, job title, and length of service

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#### #3 Please note any other factors that may be helpful to the business office as they assign students to particular departments.

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#### #4 Preferences

- Please rank your top three job preferences, #1 being most desired.

Bookstore \_\_\_\_\_ Carpentry \_\_\_\_\_ Computer Maintenance \_\_\_\_\_ Courier/Driver \_\_\_\_\_  
 Gardening \_\_\_\_\_ Janitorial Work \_\_\_\_\_ Kitchen \_\_\_\_\_ Lab Assistant \_\_\_\_\_  
 Library \_\_\_\_\_ Mechanical Work \_\_\_\_\_ Office Work \_\_\_\_\_ Coffee Shop \_\_\_\_\_



### Roommate Selection Questionnaire

Name \_\_\_\_\_

With your happiness and comfort in mind, please answer the following questions about yourself. The information will aid the College in assigning dormitory rooms and roommates. If you need additional space, please write on the back of this page.

Age at enrollment: \_\_\_\_\_

Height: \_\_\_\_\_

I would prefer to room with someone  older  younger  same age  doesn't matter

Comments: \_\_\_\_\_

I expect to stay up until about  9:00 pm–10:00 pm  11:00 pm  12:00 am or later

Comments: \_\_\_\_\_

I expect to rise at about  6:00 am  7:00 am  8:00 am or later

Comments: \_\_\_\_\_

I am a  heavy sleeper  medium sleeper  light sleeper

I  snore  do not snore

I would classify the appearance of my room as  meticulous  neat  relaxed  very casual  slovenly

Comments: \_\_\_\_\_

I am  outgoing and talkative  reserved and quiet  somewhere in between

Comments: \_\_\_\_\_

I like music playing in my room:  most of the time  often  rarely

My musical preference is:  Classical  Folk  Jazz  Rock  Country

Comments: \_\_\_\_\_

I  never smoke  smoke sometimes  smoke regularly

Do you mind being around people who smoke?  yes  no

Please note any sports, hobbies, or interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note any other factors or concerns which may influence your roommate assignment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Emergency Information and Health Data

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Student Cell: \_\_\_\_\_

Thomas Aquinas College refers students with illness/injuries to local facilities for medical care and/or hospitalization. Your insurance should provide coverage for emergencies.

**Please attach a copy of both sides of your insurance card to this page.**  Insurance card attached  Unavailable

If unavailable, please note reason: \_\_\_\_\_

*\*Bring a card/copy of insurance for yourself, especially medical coverage, but also pharmacy, vision, and dental benefit card/copies if able.*

#### Emergency Contact Information:

Mother's name \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Father's name \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Other name/relationship \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Physical activity restrictions (please be specific): \_\_\_\_\_

Medications you are now taking: \_\_\_\_\_

Allergies to drugs, food, or latex: \_\_\_\_\_

Recent surgeries or medical problems: \_\_\_\_\_

Name of your physician: \_\_\_\_\_ Phone \_\_\_\_\_

**Please attach available immunization records to this page.**  Immunization records attached

Thomas Aquinas College requires proof of immunity to the following:

- MMR (Measles, Mumps, Rubella): 2 doses, 1st dose on or after 1st birthday
- Tdap (Tetanus, Diphtheria, Pertussis): 1 dose in last 10 years
- Meningococcal Meningitis: one dose on or after 16th birthday
- Varicella (Chicken Pox): 2 doses, 1st dose on or after 1st birthday. If not vaccinated, please note approximate date of illness: \_\_\_\_\_

**Exemption:**  I hereby request exemption from the below immunizations **because some immunizations are contrary to my beliefs. I am aware of the symptoms and consequences of these diseases and should I develop any one of these, I understand it may affect my ability to continue studies at the College and accept the responsibility to obtain medical help immediately.**

MMR  Tdap  Meningococcal Meningitis  Varicella

**Exemption:**  I hereby request exemption from the below immunizations **for medical reasons (please attach physician's note). I am aware of the symptoms and consequences of these diseases and should I develop any one of these, I understand it may affect my ability to continue studies at the College and accept the responsibility to obtain medical help immediately.**

MMR  Tdap  Meningococcal Meningitis  Varicella

*If requesting exemption, signature(s) are required:*

Date \_\_\_\_\_ Student signature \_\_\_\_\_

Date \_\_\_\_\_ Parent signature\*\* \_\_\_\_\_

*\*\*If student is under 18 years of age, parent or guardian must also sign.*



Name \_\_\_\_\_

### California Required Meningococcal Disease Awareness Disclosure

Meningococcal disease is a serious illness caused by bacteria that can infect the blood or areas around the brain and spinal cord. Infection can lead to brain damage, disability, and rapid death.

Meningitis is the most common form of meningococcal disease. Common symptoms of meningitis include stiff neck, headache, and high fever.

The meningococcal conjugate vaccine is your best defense at preventing several types of meningococcal disease. A booster dose of the vaccine is now recommended at age 16 or older. If you were vaccinated before age 16, you need an additional dose before entering college.

#### Supplemental information

*How many people get the disease?*

Meningococcal disease is a rare but serious disease. An estimated 1,000 people get meningococcal disease each year in the U.S., with 130 to 200 of them in California. After infancy, older adolescents and young adults have the highest rate of meningococcal disease. College freshmen living in dorms are particularly at risk.

*How serious is it?*

Even if treated, 10–12% of people who get meningococcal disease will die from it. Of the survivors, 11–19% lose their arms or legs, become deaf or brain damaged, or suffer other complications.

*How are meningococcal bacteria spread?*

The bacteria are spread from person to person through air droplets. Close contact such as kissing, coughing, smoking, and living in crowded conditions (like dorms) can increase your risk of getting the disease. Overall, 5–10% of the U.S. population has the meningococcal bacteria in their throat, but only a few of them get sick. No one knows why some people get sick and others don't.

*How can I protect myself?*

You can protect yourself by:

- not sharing items that have touched someone else's mouth, such as cups, bottles, cigarettes, lip balm, and eating utensils;
- not smoking; and
- getting the meningococcal conjugate vaccine.

The state requirement for California is that you have 1 dose of the MenACWY vaccine on or after your 16th birthday.

*How effective are the vaccines?*

Meningococcal vaccines are at least 85% effective at preventing 4 of the 5 most common forms of meningococcal disease. Ask your health care provider about the benefits and risks of meningococcal vaccines.

Source: State of California • Health and Human Services Agency

I have reviewed and understand the above information.

Date \_\_\_\_\_ Student signature \_\_\_\_\_

Date \_\_\_\_\_ Parent signature\*\* \_\_\_\_\_

*\*\*If student is under 18 years of age, parent or guardian must also sign*



### Health History • Student Section – 1

Name \_\_\_\_\_ Date \_\_\_\_\_

Male  Female Birthdate \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home address \_\_\_\_\_

Please list any current treatments (injections, physiotherapy, medication, etc.) \_\_\_\_\_

Check box if you have ever had:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADD/ADHD                                   | <input type="checkbox"/> Depression                     | <input type="checkbox"/> Multiple Sclerosis      |
| <input type="checkbox"/> Alcoholism/Drug addiction                  | <input type="checkbox"/> Depression medication          | <input type="checkbox"/> Pneumonia               |
| <input type="checkbox"/> Anemia                                     | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Poliomyelitis           |
| <input type="checkbox"/> Anorexia/ <input type="checkbox"/> Bulimia | <input type="checkbox"/> Epilepsy/Neurological problems | <input type="checkbox"/> Rheumatic fever         |
| <input type="checkbox"/> Anxiety                                    | <input type="checkbox"/> Head injury/Concussion         | <input type="checkbox"/> Sleep disorder/Insomnia |
| <input type="checkbox"/> Asthma/Respiratory problems                | <input type="checkbox"/> Hepatitis                      | <input type="checkbox"/> Thyroid disease         |
| <input type="checkbox"/> Is asthma controlled by an inhaler         | <input type="checkbox"/> Hypertension                   | <input type="checkbox"/> Tuberculosis            |
| <input type="checkbox"/> Blood clotting disorders/DVT               | <input type="checkbox"/> History of heat stroke         | <input type="checkbox"/> Tumor/Cancer            |
| <input type="checkbox"/> Bruising disorders                         | <input type="checkbox"/> Kidney disease                 | <input type="checkbox"/> Typhoid fever           |
| <input type="checkbox"/> Cardiac Problems                           | <input type="checkbox"/> Malaria                        |  |
| <input type="checkbox"/> Chicken Pox                                | <input type="checkbox"/> Meningitis                     |  |
| Approximate Date _____  | <input type="checkbox"/> Migraines/headaches            |  |
| <input type="checkbox"/> Colitis/Gastrointestinal disturbance       | <input type="checkbox"/> Mononucleosis                  |  |

Please explain checked boxes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check yes or no to the following:

General	Yes	No
recent weight change amount +/-		
unusual fatigue		
speech impediment		

Allergies	Yes	No
medications specify:		
shots specify:		
foods specify:		

Emotional	Yes	No
under care of psychiatrist		
under care of psychologist		
ever had psychiatric care		
ever hospitalized for emotional problems		
ever medicated for emotional problems		
Describe emotional illness:		

Female Only	Yes	No
vaginal discharge		
lumps in breast		
menstrual problems:		
irregularity		
interferes with work		

Male Only	Yes	No
penile discharge		
hernia		
undescended testicle		
swelling of testicle		



Name \_\_\_\_\_

Please check yes or no to the following:

<b>Eyes</b>	Yes	No
discharge		
blurring		
double vision		
injury		
impaired vision		

<b>Skin</b>	Yes	No
eczema		
fungus		
rash		
open sores		

<b>Heart &amp; Lungs</b>	Yes	No
chest pain		
difficulty in breathing		
persistent cough		

<b>Ears</b>	Yes	No
pain		
ringing		
discharge		
itching		
perforation of drum		
impaired hearing		

<b>Nose</b>	Yes	No
obstruction		
sneezing		
bleeding		

<b>Muscles, Joints &amp; Bones</b>	Yes	No
pain		
stiffness		
swelling		
limited motion		
varicose veins		
deformity		
knee/hip/ankle injuries		
shoulder/arm/back injuries		

<b>Nervous System</b>	Yes	No
fainting		
dizziness		
convulsions		
unconsciousness		
paralysis		
numbness		
tremor		

<b>Kidneys</b>	Yes	No
painful urination		
frequent urination		
urinary bleeding		

Have you had any serious injuries, illnesses, hospitalizations, or surgeries?

Yes  No

If yes, note the date, nature, and resulting complications/limitations. Please use additional sheets if necessary.

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All students admitted to Thomas Aquinas College must meet the academic and personal standards of the College. A student with a disability will not receive accommodations unless he or she requests accommodations. If you have a disability that may require accommodation, please note it below and contact the Director of Admissions at the time you are required to submit this form to discuss your disability and possible reasonable accommodations. Thank you!

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Please note that the College's Food Service can accommodate some dietary restrictions as noted in the Student Handbook and in the "Campus Living" section of the website, however a note from a primary care provider is required. Space for this is provided on the Physician Health Form.





Name \_\_\_\_\_

### Health History • Student Section – 2

#### Tuberculosis (TB) Screening Questionnaire

Have you ever had close contact with persons known or suspected to have active TB disease?

Yes  No

Were you born in one of the countries listed below that have a high incidence of active TB disease?

(If yes, please CIRCLE the country, below)

Yes  No

- |                                  |                             |
|----------------------------------|-----------------------------|
| Afghanistan                      | Myanmar                     |
| Bangladesh                       | Nigeria                     |
| Brazil                           | Pakistan                    |
| Cambodia                         | Philippines                 |
| China                            | Russian Federation          |
| Democratic Republic of the Congo | South Africa                |
| Ethiopia                         | Thailand                    |
| India                            | Uganda                      |
| Indonesia                        | United Republic of Tanzania |
| Kenya                            | Viet Nam                    |
| Mozambique                       | Zimbabwe                    |

Have you had frequent visits or visits greater than one month to one or more of the countries listed above with a high prevalence of TB disease?

Yes  No

If yes, please list countries: \_\_\_\_\_

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, health care, refugee camps, and/or homeless shelters)?

Yes  No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?

Yes  No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?

Yes  No

**If the answer is YES to any of the above questions,** Thomas Aquinas College requires that you receive TB testing as soon as possible but at least prior to the start of the school year.

**If the answer to all of the above questions is NO,** no further testing or action is required.

Source: American College Health Association & TBfacts.org, 2018



Name \_\_\_\_\_

### Health History • Student Section – 3

Please answer all questions. **The parental endorsement below is required of all students under 18 years of age.** Please give your doctor the Physician's Section of this form to complete. The Student Health Service does not give routine examinations. A dental checkup is also recommended.

**ALL INFORMATION REQUESTED ON THIS MEDICAL FORM IS STRICTLY CONFIDENTIAL AND ESSENTIAL TO EVALUATING YOUR HEALTH STATUS.**

#### Family Health History

**Father** Living:  Yes  No (If deceased, please note cause) \_\_\_\_\_  
Age: \_\_\_\_\_ State of health: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Note any special health problems: \_\_\_\_\_

**Mother** Living:  Yes  No (If deceased, please note cause) \_\_\_\_\_  
Age: \_\_\_\_\_ State of health: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Note any special health problems: \_\_\_\_\_

**Brothers**  Yes  No  
Note any special health problems: \_\_\_\_\_

**Sisters**  Yes  No  
Note any special health problems: \_\_\_\_\_

If there has been a history of any of the following illnesses in your family, please check:

- allergies       anemia       arthritis       asthma       blindness       cancer
- deafness       diabetes       eczema       epilepsy       hay fever       high blood pressure
- heart disease       mental illness       tuberculosis       thyroid disease       ulcers       \_\_\_\_\_

In case of illness and/or injury, permission is granted to examine and treat the undersigned student at the Thomas Aquinas College Health Service, and to make referrals to outside physicians and facilities.

Date \_\_\_\_\_ Student signature \_\_\_\_\_

Date \_\_\_\_\_ Parent signature\*\* \_\_\_\_\_

*\*\*If student is under 18 years of age, parent or guardian must also sign.*



### Health History • Physician Section

This form is to be filled out by your doctor. Routine examinations are not provided by the Student Health Service. Please review before submitting to your doctor.

Student's name \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ P. \_\_\_\_\_ B.P. \_\_\_\_\_

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Correction R 20/\_\_\_\_ L 20/\_\_\_\_ Color Vision \_\_\_\_\_ Hearing: R \_\_\_\_/15 L \_\_\_\_/15

Is the student at risk of Tuberculosis (TB)?  Yes  No

*If the student is at risk of TB per the screening questionnaire in the student's health history form, a TB test is required.*

#### Normal / Abnormal Details

Skin \_\_\_\_\_ Heart \_\_\_\_\_

Eyes \_\_\_\_\_ Lungs \_\_\_\_\_

Ears \_\_\_\_\_ Abdomen \_\_\_\_\_

Nose \_\_\_\_\_ Back \_\_\_\_\_

Mouth & Teeth \_\_\_\_\_ Extremities \_\_\_\_\_

Throat \_\_\_\_\_ Genitalia \_\_\_\_\_

Neck \_\_\_\_\_ Rectum \_\_\_\_\_

Thyroid \_\_\_\_\_ Speech \_\_\_\_\_

Breasts \_\_\_\_\_ Nervous System \_\_\_\_\_

Student will need to provide proof of immunity to the following:

- MMR (Measles, Mumps, Rubella): 2 doses, 1st dose on or after 1st birthday
- Tdap (Tetanus, Diptheria, Pertussis): 1 dose in last 10 years
- Meningococcal Meningitis: one dose on or after 16th birthday
- Varicella (Chicken Pox): 2 doses, 1st dose on or after 1st birthday. If not vaccinated, please note approximate date of illness: \_\_\_\_\_

Your appraisal of student's physical condition: \_\_\_\_\_

Is the student able to physically participate in all activities and sports? \_\_\_\_\_

The College's Food Service can accommodate some dietary restrictions recommended by a physician. Please use this space to note any dietary restrictions which this student has. \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_ Certificate # \_\_\_\_\_

Print physician name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I hereby consent for my doctor to provide this health information to Thomas Aquinas College. I further request that the dietary restriction information be released by the College to the College's Food Service and its employees.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*If student is under 18 years of age, parent or guardian must also sign.*



Name of Minor Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

The above Parent/Guardian of the above Minor hereby authorizes Thomas Aquinas College and its agents to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care for the above-named Minor which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of such physician or at any hospital. The above Parent/Guardian further authorizes Thomas Aquinas College and its agents to consent to an X-ray examination, anesthetic, and dental diagnosis or treatment to be rendered to said Minor by a dentist licensed under the provisions of the Dental Practice Act.

This authorization is given in advance of any specific diagnosis, treatment, dental or hospital care being required, and is given to provide authority and power on the part of the agents of Thomas Aquinas College to give specific consent to any and all such diagnosis, treatment, dental or hospital care which a physician or dentist meeting the requirements of this authorization may, in the exercise of the physician's or dentist's best judgment, deem advisable. This authorization is given pursuant to applicable California or Massachusetts law.

Thomas Aquinas College does not provide students with over-the-counter medications, but some basic medications (including antacids, ibuprofen, anti-histamines and antibiotic ointment) are available for purchase in the College's Bookstore.

The undersigned do indemnify and hold harmless Thomas Aquinas College and its agents from any financial responsibility for so acting and the undersigned agrees to pay the reasonable and customary charges for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or dental or hospital care provided to said Minor pursuant hereto. The above Parent/Guardian also hereby authorizes any hospital which has provided treatment to the above Minor under applicable California or Massachusetts law to surrender physical custody of such Minor to the agents of Thomas Aquinas College upon the completion of treatment. The authorizations shall remain in effect until the Minor turns eighteen, unless otherwise revoked via written notice to Thomas Aquinas College. Note: Every effort will be made to contact Parent/Guardian of a Minor in the event of an emergency.

Special Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Best contact phone # \_\_\_\_\_ Alternate contact phone # \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

Please return this form to Thomas Aquinas College, Admissions Office, 10,000 Ojai Rd., Santa Paula, CA 93060  
admissions@thomasaquinas.edu • fax: 805-421-5905



Name \_\_\_\_\_

## Demographic Profile Survey

Federal law requires Thomas Aquinas College to gather the following information regarding the ethnicity and race of its students. Thomas Aquinas College will keep your individual information strictly confidential. The law only requires educational institutions to report aggregate totals for each category.

Please answer the following two questions.

1. Are you of Hispanic or Latino ethnicity?  Yes  No

Check "yes" if you are a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin (including individuals who have their origins in Spain), regardless of race.

2. Please indicate if you are from one or more of the following races:

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Thomas Aquinas College Consent to Release Educational Records

The Family Educational Rights and Privacy Act ("FERPA") protects the privacy of your educational records and limits access to the information contained in those records. As a general rule\*, the College may not release any of your educational records, even to your parents or guardians, unless you sign this form as indicated below. Educational records include, but are not limited to, information regarding your grades, account, financial aid, service scholarship, academic progress, health, and disciplinary actions. Without your consent, your parents or guardians might obtain this information, but only if they are claiming you as a dependent for tax purposes. You may revoke your designation at any time, but we will presume that your designation below will remain in effect through the duration of your enrollment here, through the end of any academic year in which you were initially enrolled, or until your payment account with the College is fully satisfied, whichever occurs last. If needed, additional forms can be obtained from the Registrar.

I have indicated below the individual(s) who may have information from my educational records (note: if you want to designate both parents please list both parents):

Name: _____ <small>(e.g. John Smith)</small>	Relationship: _____ <small>(e.g. Father/Stepfather)</small>
Address: _____	Phone: (h) _____
_____	(w) _____
Name: _____ <small>(e.g. Carol Smith)</small>	Relationship: _____ <small>(e.g. Mother/Stepmother)</small>
Address: <input type="checkbox"/> Same as above _____	Phone: (h) _____
_____	(w) _____

I want the above individual(s) to have access to information about all of the following matters: (1) my grades and academic standing; (2) my enrollment and attendance records; (3) my financial standing with the College; and (4) the details of any disciplinary proceedings to which I may be a party. (Note: If you do not want any one or more of these matters disclosed, contact the Assistant to the Dean at 805-421-5916 to obtain an alternate form.)

In addition, the above-named individual(s) may be contacted if (1) the College becomes aware of my being hospitalized or treated for any medical emergency, or (2) someone at the College becomes concerned about me (for missing classes, engaging in disruptive or erratic behavior, etc.). (Note: Again, if you do not want this information disclosed, contact the Assistant to the Dean at 805-421-5916 to obtain an alternate form.)

I understand that the College Dean or the Dean of Students will inform the above-named individual(s) of the above information if either of them believes it is in my best interest to do so, although I understand that circumstances may make it necessary for some other College official to act on their behalf.

_____	_____	_____
Student's name (print)	Student's signature	Date

\*The College may disclose certain of your educational records or identifiable information without your consent in such circumstances as when the disclosure

- (1) Is necessary to protect your health or safety or that of others;
- (2) Is in connection with your application for, or receipt of, financial aid and is necessary to determine the eligibility, amount, or conditions of such aid, or is necessary for enforcing the terms and conditions of your Payment Plan and Promissory Note (PP&PN);
- (3) Is to school officials with legitimate educational interests, including to officials of other schools you are seeking or intending to enroll in;
- (4) Is limited to certain "directory information," unless you have completed the College's Directory Information Exclusion Form. The College considers the following information to be directory information: date and place of birth, permanent and campus address, phone listings, email address, country of origin, student photo, prior school(s) of attendance, enrollment status, class year, dates of attendance, degree received and date received, participation in officially recognized activities, jobs held on campus (including salary and dates) and senior thesis titles.

For more details, and for additional grounds for disclosure, please consult the College's Policy on Release of Student Information, which is available from the Registrar.



## Media Use

It is the practice of Thomas Aquinas College staff, faculty, and representatives to make digital, photographic, and video and/or film images and records of students, faculty, and staff during their time on campus and during their attendance at Thomas Aquinas College events. These images may be used at any time for promotional purposes by way of press releases and reports as well as for the advancement of the College through, among other things, its website, advertising, social media postings, and publications.

I have read and understand the above policy, and I consent to the College's use of any image or record of me for these purposes.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of student: \_\_\_\_\_

*If a student is under the age of 18, please have a parent complete the following:*

I have read and understand the above policy, and I consent to the College's use of any image or record of my son or daughter for these purposes.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of parent: \_\_\_\_\_

## Safety Alert System

The College has a safety alert system which is intended for use only in the rare occurrence of a danger to the community as a whole or some other event that requires immediate action. In such an event this system will be used to send out a mass text message to help spread the safety alert as quickly as possible among the on-campus community. Students will be automatically enrolled in the safety alert system using the cell phone number they provided during registration. Students should update the Dean's Office if their cell phone number changes during the year. By signing below, I consent to receive text messages from the College via the cell phone number the College has for me.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of student: \_\_\_\_\_



## California Campus Vehicle Policy

Students receiving financial aid from the College may not have a vehicle on campus unless the Director of Financial Aid grants an exception.

It is expected that a student who is receiving financial assistance from the College will not have the available means to operate and maintain a vehicle while living on campus. If a student or a student's family diverts funds from the payment of tuition, room, and board toward the cost of operating, insuring, and maintaining a vehicle, this is tantamount to asking the benefactors of the College to support the student's choice to have a car on campus.

There are exceptions to this rule, as when two or more students from the same family reduce their transportation expenses by driving to and from school rather than flying; but for the most part, the College expects that students who are requesting financial assistance will not have the available means to operate, maintain, and insure a vehicle. Financial aid recipients may request permission to have a vehicle on campus online: [www.thomasaquinas.edu/vehicle-request](http://www.thomasaquinas.edu/vehicle-request)

If you are not receiving financial aid from the College and you plan to have a vehicle on campus, or if you are a financial aid recipient with the permission to have a vehicle on campus granted by the Director of Financial Aid, please be aware that:

- California requires appropriate vehicle insurance.
- All drivers should carry insurance information in the vehicle.
- The College's insurance policy does not cover students' vehicles.
- Proof of insurance is necessary to register a car on campus.

Campus registration of any number of vehicles incurs no fee and is done as part of the College's security measures. Cars should only be registered once, even if multiple students from the same family may be using them. Changes to your responses can be made by contacting the Business Assistant in the Business Office.

Note:

- All cars parked in campus lots must have campus parking permits.
- You will receive permit stickers for all registered vehicles once you arrive on campus.

*Please complete one of the options on the following page.*





1. I have read and consent to the California Campus Vehicle Policy, and **I will not park a vehicle on campus at any point during the school year.** (Any future changes to your response can be made by contacting the Business Assistant in the Business Office.)

Student name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. I have read and consent to the California Campus Vehicle Policy, and **I will be parking a vehicle on campus during the school year.**

- Go to [www.thomasaquinas.edu/ca-vehicle](http://www.thomasaquinas.edu/ca-vehicle) to submit your vehicle information and request a sticker for parking on campus.
- Financial aid recipients who select this option must also request permission to have a vehicle on campus by completing this form: [www.thomasaquinas.edu/vehicle-request](http://www.thomasaquinas.edu/vehicle-request)

Student name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. I have read and consent to the California Campus Vehicle Policy. **I am a local student and may be parking one or more of my family's vehicles on campus from time to time.**

- Go to [www.thomasaquinas.edu/ca-vehicle](http://www.thomasaquinas.edu/ca-vehicle) to submit your vehicle information and request a sticker for parking on campus.
- Financial aid recipients who select this option must also request permission to have a vehicle on campus by completing this form: [www.thomasaquinas.edu/vehicle-request](http://www.thomasaquinas.edu/vehicle-request)

Student name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

### Thomas Aquinas College Billing and Mailing Information

Please indicate where the following information should be sent:

**Tuition Bills:** (Check only one box.)  Parents/Stepparents  Student  Other \_\_\_\_\_  
(Relationship)

Name/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Have you designated this person in the Consent to Release Educational Records form?  Yes

**Bookstore Bills:** (Check only one box.)  Parents/Stepparents  Student  Other \_\_\_\_\_  
(Relationship)

Name/Address: \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

Note: Have you designated this person in the Consent to Release Educational Records form?  Yes

Items that may be charged to a student's bookstore account might include: replacement and supplementary books, school supplies, personal hygiene items; photocopies, faxes, or postage purchased in the Business Office; replacement fees for lost or overdue library books; and/or large, unpaid Coffee Shop balances.

**Grades:** (Check only one box.)  Parents/Stepparents and Student (two copies will be sent)  
 Parents/Stepparents  Student  Other \_\_\_\_\_  
(Relationship)

Name/Address: \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

Note: Have you designated this person in the Consent to Release Educational Records form?  Yes

Please retain for your records.

## **Notice of Availability of Institutional and Financial Aid Information**

In the Higher Education Act (HEA), as amended, Congress requires that colleges annually distribute to prospective students a notice of the availability of institutional information. This notice must list and briefly describe the required information and include a statement of the procedures required to obtain the information. That list is shown below. If you need any further help after reviewing the sources shown here or after contacting the individual departments, contact the Financial Aid Office at 800-634-9797, extension 5936 for additional assistance. This list is not a comprehensive list of all HEA disclosures, but only those for which a notice must be issued to prospective students.

### **Health and Safety**

- Vaccinations Policies
- Campus Security Report, including:
  - Statistics for the 3 most recent calendar years concerning occurrences of crime on campus and on public property immediately adjacent to and accessible from the campus
  - Policies regarding procedures to report crimes committed on campus, criminal actions or other emergencies and Thomas Aquinas College's response to such reports
  - Policies concerning the security of and access to campus facilities
  - Policies concerning campus law enforcement
  - Policies concerning alcohol and drug use
- Fire Safety Report, including:
  - Statistics and policies concerning fire safety on campus
  - Emergency response and evacuation procedures
  - Fire log

*This information is available on the College's website at [www.thomasaquinas.edu/page/regulatory-information](http://www.thomasaquinas.edu/page/regulatory-information). A paper copy is available from the registrar, Dr. Phillip Wodzinski. He can be reached at [registrar@thomasaquinas.edu](mailto:registrar@thomasaquinas.edu).*

Please retain for your records.

## **Notice of Non-Discrimination Policy, Anti-Harassment Policy, Title IX Coordinator**

### **Non-Discrimination Policy**

Thomas Aquinas College is committed to complying with all applicable laws prohibiting discrimination on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Anyone who believes that the College has, through any of its agents, officials, programs, or activities, violated any such applicable law should notify the official below promptly so that complaints can be quickly and fairly resolved. The official will investigate the alleged incident promptly and thoroughly, affording all concerned an opportunity for explanation. The official will notify the complainant of the final decision, which the complainant may appeal to the President, whose decision will be final.

The following person has been designated to handle inquiries regarding this non-discrimination policy:

John Quincy Masteller, St. Thomas Hall, Room 101, 10,000 Ojai Rd., Santa Paula, CA 93060  
(805) 421-5930, email: [jmasteller@thomasaquinas.edu](mailto:jmasteller@thomasaquinas.edu)

### **Anti-Harassment Policy**

Thomas Aquinas College is committed to providing a school environment that is free of harassment, including sexual harassment. If you believe you are being subjected to such harassment, or if you witness conduct that you believe constitutes harassment, you must report the matter to the attention of the Assistant Dean or the Title IX Coordinator immediately so that complaints can be quickly and fairly resolved.

The law protects you from any retaliation for reporting or participating in an investigation of a discrimination or discriminatory harassment complaint. A prompt and thorough investigation of the alleged incident will be conducted. To the extent possible, the investigation and any subsequent action will proceed in an atmosphere of confidentiality.

Sexual harassment is considered to be unlawful sex discrimination and may be found when, among other reasons, a student initiates unwelcome sexual advances, remarks or jokes of a sexual nature, or other verbal or physical conduct of a sexual nature, which has the purpose or effect of creating a hostile and intimidating environment sufficiently severe or pervasive to substantially impair a reasonable person's participation in the College's programs or activities. In determining whether alleged conduct constitutes sexual harassment, consideration shall be given to the record of the incident as a whole and to the totality of the circumstances, including the context in which the alleged incidents occurred.

The Assistant Dean's contact information is:

Assistant Dean, St. Thomas Hall, Room 132, 10,000 Ojai Rd., Santa Paula, CA 93060  
(805) 421-5958, email: [studentaffairs@thomasaquinas.edu](mailto:studentaffairs@thomasaquinas.edu)

The Title IX Coordinator's contact information is shown below.

### **Title IX Coordinator**

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in education programs and activities that receive federal financial assistance.

Mr. John Quincy Masteller serves as Thomas Aquinas College's Title IX Coordinator. As Title IX Coordinator, he is responsible for ensuring that the College complies with Title IX and properly investigates complaints of sexual discrimination, harassment, assault, violence, and other sex-based complaints from students, staff and faculty. Mr. Masteller is also responsible for ensuring that the College community is properly trained regarding Title IX.

Mr. Masteller's contact information is:

John Quincy Masteller, Title IX Coordinator, St. Thomas Hall, Room 101, 10,000 Ojai Rd., Santa Paula, CA 93060  
(805) 421-5930, email: [jmasteller@thomasaquinas.edu](mailto:jmasteller@thomasaquinas.edu)

Mr. Masteller also serves as Thomas Aquinas College's General Counsel.