



Memorandum

To: Class of 2023 – California Campus
From: Jon Daly, Director of Admissions
Re: Registration forms

Greetings!

Please complete and return the enclosed registration forms as soon as possible, and **no later than June 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)

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 deposit

If you have not already made your \$250 freshman deposit, you can do so online at www.thomasaquinas.edu/freshman-deposit.

Free t-shirt!

We would like to send you your own “Class of 2023” t-shirt! Please visit www.thomasaquinas.edu/freshmantshirt and let us know your preferred size.

Please do not hesitate to call or email the Admissions Office with any questions. You can reach us at 805-525-4417 or admissions@thomasaquinas.edu.



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

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 _____

Address Same as student's _____
First name Middle name Last name

Phone _____ Mobile _____ Email _____

Employer _____ Phone _____

Address _____

Mother's name Dr. Mrs. Ms. Other _____

Address Same as student's _____
First name Middle name Last name

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

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

#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, 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: _____

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.

Immunizations from which requesting exemption: _____

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.

Immunizations from which requesting exemption: _____

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 | Please explain checked boxes: _____ |
| <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 check yes or no to the following:

General	Yes	No	Emotional	Yes	No	Female Only	Yes	No
recent weight change amount +/- _____	<input type="checkbox"/>	<input type="checkbox"/>	under care of psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>
unusual fatigue	<input type="checkbox"/>	<input type="checkbox"/>	under care of psychologist	<input type="checkbox"/>	<input type="checkbox"/>	lumps in breast	<input type="checkbox"/>	<input type="checkbox"/>
speech impediment	<input type="checkbox"/>	<input type="checkbox"/>	ever had psychiatric care	<input type="checkbox"/>	<input type="checkbox"/>	menstrual problems:		
			ever hospitalized for emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	irregularity	<input type="checkbox"/>	<input type="checkbox"/>
			ever medicated for emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	interferes with work	<input type="checkbox"/>	<input type="checkbox"/>
Allergies						Male Only		
medications specify _____	<input type="checkbox"/>	<input type="checkbox"/>				penile discharge	<input type="checkbox"/>	<input type="checkbox"/>
shots specify _____	<input type="checkbox"/>	<input type="checkbox"/>	Describe emotional illness:			hernia	<input type="checkbox"/>	<input type="checkbox"/>
foods specify _____	<input type="checkbox"/>	<input type="checkbox"/>	_____			undescended testicle	<input type="checkbox"/>	<input type="checkbox"/>
plants, animals, etc. specify _____	<input type="checkbox"/>	<input type="checkbox"/>	_____			swelling of testicle	<input type="checkbox"/>	<input type="checkbox"/>



Name: _____

Please check yes or no to the following:

Eyes	Yes	No	Skin	Yes	No	Heart & Lungs	Yes	No
discharge	<input type="checkbox"/>	<input type="checkbox"/>	eczema	<input type="checkbox"/>	<input type="checkbox"/>	chest pain	<input type="checkbox"/>	<input type="checkbox"/>
blurring	<input type="checkbox"/>	<input type="checkbox"/>	fungus	<input type="checkbox"/>	<input type="checkbox"/>	difficulty in breathing	<input type="checkbox"/>	<input type="checkbox"/>
double vision	<input type="checkbox"/>	<input type="checkbox"/>	rash	<input type="checkbox"/>	<input type="checkbox"/>	persistent cough	<input type="checkbox"/>	<input type="checkbox"/>
injury	<input type="checkbox"/>	<input type="checkbox"/>	open sores	<input type="checkbox"/>	<input type="checkbox"/>			
impaired vision	<input type="checkbox"/>	<input type="checkbox"/>						
Ears			Nose			Muscles, Joints & Bones		
pain	<input type="checkbox"/>	<input type="checkbox"/>	obstruction	<input type="checkbox"/>	<input type="checkbox"/>	pain	<input type="checkbox"/>	<input type="checkbox"/>
ringing	<input type="checkbox"/>	<input type="checkbox"/>	sneezing	<input type="checkbox"/>	<input type="checkbox"/>	stiffness	<input type="checkbox"/>	<input type="checkbox"/>
discharge	<input type="checkbox"/>	<input type="checkbox"/>	bleeding	<input type="checkbox"/>	<input type="checkbox"/>	swelling	<input type="checkbox"/>	<input type="checkbox"/>
itching	<input type="checkbox"/>	<input type="checkbox"/>				limited motion	<input type="checkbox"/>	<input type="checkbox"/>
perforation of drum	<input type="checkbox"/>	<input type="checkbox"/>	Nervous System			varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
impaired hearing	<input type="checkbox"/>	<input type="checkbox"/>	fainting	<input type="checkbox"/>	<input type="checkbox"/>	deformity	<input type="checkbox"/>	<input type="checkbox"/>
			dizziness	<input type="checkbox"/>	<input type="checkbox"/>	knee/hip/ankle injuries	<input type="checkbox"/>	<input type="checkbox"/>
			convulsions	<input type="checkbox"/>	<input type="checkbox"/>	shoulder/arm/back injuries	<input type="checkbox"/>	<input type="checkbox"/>
			unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>			
			paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Kidneys		
			numbness	<input type="checkbox"/>	<input type="checkbox"/>	painful urination	<input type="checkbox"/>	<input type="checkbox"/>
			tremor	<input type="checkbox"/>	<input type="checkbox"/>	frequent urination	<input type="checkbox"/>	<input type="checkbox"/>
						urinary bleeding	<input type="checkbox"/>	<input type="checkbox"/>

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.

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!

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 doctor 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: _____

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, otherwise we will presume that your designation below will remain in effect. 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: _____ Relationship: _____
(e.g. John Smith) (e.g. Father/Stepfather)

Address: _____ Phone: (h) _____
_____ (w) _____

Name: _____ Relationship: _____
(e.g. Carol Smith) (e.g. Mother/Stepmother)

Address: Same as above _____ Phone: (h) _____
_____ (w) _____

I want the above individual(s) to be informed 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 Business Office at 805-525-4417 to obtain an alternate form.*)

In addition, please inform the above-named individual(s) 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 Business Office at 805-525-4417 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, campus 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: _____

Vehicle Registration

Do you plan to bring a vehicle to the College?

Yes No

If yes, please note that you must complete this form prior to your arrival on campus:

<https://thomasaquinas.edu/students/campus-vehicle-policy>

Name (last, first) _____

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

Parent Acknowledgment

(If parent is responsible for guaranteeing or paying a portion of charges)

Signature of parent: _____ Date: _____

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. A paper copy is available from the registrar, Dr. Phillip Wodzinski. He can be reached at 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:

Yolanda Rivera, St. Thomas Hall, Room 128, 10,000 Ojai Rd., Santa Paula, CA 93060

(805) 421-5908, email: yrivera@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

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: qmasteller@thomasaquinas.edu

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