Memorandum

To: Class of 2022

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 May 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 2022" 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 800-634-9797 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 _____
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

_____

_____

#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 _____

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: _____

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:
- Measles
- Mumps
- Rubella
- Polio
- Tdap (tetanus, diptheria, pertussis)
- Meningococcal Meningitis (one dose on or after 16th birthday)
- Varicella (chicken pox) If not vaccinated, please note approximate date of illness: _____

Exemption: ❑ I hereby request exemption from the below immunizations <u>because some immunizations are contrary to my beliefs</u>. 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 <u>for medical reasons (please attach physician's note)</u>. 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 Centers for Disease Control and Prevention (CDC) recommends one dose at age 11 or 12 and a booster dose at age 16. If you missed your vaccination after turning 16, get it now.

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.) _____

_____

Have you ever had:

❑ ADD/ADHD
❑ Alcoholism/Drug addiction
❑ Anemia
❑ Anorexia
❑ Anxiety
❑ Asthma
❑ Blood clotting disorders
❑ Bruising disorders
❑ Bulimia
❑ Chicken Pox
Approximate Date_____
❑ Colitis
❑ Depression
❑ Depression medication
❑ Diabetes
❑ Emotional illness
❑ Epilepsy
❑ Head injury
❑ Hearing loss
❑ Heart disease
❑ Hepatitis
❑ Hypertension
❑ Kidney disease
❑ Malaria
❑ Meningitis
❑ Migraines/headaches
❑ Mononucleosis
❑ Multiple Sclerosis
❑ Pneumonia
❑ Poliomyelitis
❑ Rheumatic fever
❑ Sleep disorder/Insomnia
❑ Thyroid disease
❑ Tuberculosis
❑ Tumor/Cancer
❑ Typhoid fever
❑ Close association w/tuberculosis
Other: _____
_____

Please check yes or no to the following:

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

Allergies

medications specify_____	❑	❑
shots specify_____	❑	❑
foods specify_____	❑	❑
plants, animals, etc. 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	❑	❑

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

Male Only

penile discharge	❑	❑
hernia	❑	❑
undescended testicle	❑	❑
swelling of testicle	❑	❑

Name: _____

Please check yes or no to the following:

Eyes	Yes	No
discharge	❑	❑
blurring	❑	❑
double vision	❑	❑
injury	❑	❑
impaired vision	❑	❑

Ears	Yes	No
pain	❑	❑
ringing	❑	❑
discharge	❑	❑
itching	❑	❑
perforation of drum	❑	❑
impaired hearing	❑	❑

Skin	Yes	No
eczema	❑	❑
fungus	❑	❑
rash	❑	❑
open sores	❑	❑

Nose	Yes	No
obstruction	❑	❑
sneezing	❑	❑
bleeding	❑	❑

Nervous System	Yes	No
dizziness	❑	❑
convulsions	❑	❑
unconsciousness	❑	❑
paralysis	❑	❑
numbness	❑	❑
tremor	❑	❑

Heart & Lungs	Yes	No
chest pain	❑	❑
difficulty in breathing	❑	❑
persistant cough	❑	❑

Muscles, Joints & Bones	Yes	No
pain	❑	❑
stiffness	❑	❑
swelling	❑	❑
limited motion	❑	❑
varicose veins	❑	❑
deformity	❑	❑

Kidneys	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.

_____

_____

_____

_____

_____

_____

_____

_____

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 accomodate 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
Algeria
Angola
Argentina
Armenia
Azerbaijan
Bahrain
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia (Plurinational State of)
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cabo Verde
Cambodia
Cameroon
Central African Republic
Chad
China
Colombia
Comoros
Congo
Côte d'Ivoire
Democratic People's Republic of Korea
Democratic Republic of the Congo
Djibouti
Dominican Republic
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
Gabon
Gambia
Georgia
Ghana
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran (Islamic Republic of)
Iraq
Kazakhstan
Kenya
Kiribati
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lesotho
Liberia
Libya
Lithuania
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Mongolia
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Niue
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Vincent and the Grenadines
Sao Tome and Principe
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
South Sudan
Sri Lanka
Sudan
Suriname
Swaziland
Tajikistan
Thailand
Timor-Leste
Togo
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Republic of Tanzania
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian Republic of)
Viet Nam
Yemen
Zambia
Zimbabwe

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease?
❑ Yes ❑ No

If yes, please list countries: _____

_____

**The significance of the travel exposure should be discussed with a health care provider and evaluated.*

Name: _____

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, 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

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 CONFIDENTAL 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

Please submit immunization records with this page.

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 _____

Eyes _____

Ears _____

Nose _____

Mouth & Teeth _____

Throat _____

Neck _____

Thyroid _____

Breasts _____

Heart _____

Lungs _____

Abdomen _____

Back _____

Extremities _____

Genitalia _____

Rectum _____

Speech _____

Nervous System _____

Lab work if indicated:

Hemoglobin _____ Hematocrit _____ Serology _____ Other _____

Urine: Albumen _____ Glucose _____ Microscopic _____ Other _____

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.

Media Use

It is the policy of Thomas Aquinas College that its staff, faculty or representatives may make digital, photographic, 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 for promotional purposes (news releases/stories, etc.) and for the advancement of College publications, the College webpage, and Admissions Office and Development Office 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 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: _____

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. 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) _____

If they ask, 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.

Name (last, first) _____

Thomas Aquinas College
Billing and Mailing Information

Please indicate where the following information should be sent:

Tuition Bills: *(Check only <u>one</u> 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 <u>one</u> 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 <u>one</u> 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, Mr. Mark Kretschmer. 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:
Michael Collins, St. Thomas Hall, Room 128, 10,000 Ojai Rd., Santa Paula, CA 93060
(805) 421-5908, email: **mcollins@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.