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

<table>
<thead>
<tr>
<th>Last high school</th>
<th>Location</th>
<th>Grad. year</th>
<th>Final Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sentinel</td>
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<table>
<thead>
<tr>
<th>College</th>
<th>Dates</th>
<th>Degree(s)</th>
<th>Final Transcript</th>
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<tr>
<th>College</th>
<th>Dates</th>
<th>Degree(s)</th>
<th>Final Transcript</th>
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<tr>
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<td>Sentinel</td>
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</table>

**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

- **Phone**
- **Mobile**
- **Email**

- **Employer**
- **Phone**

### Mother's name

- Dr.
- Mrs.
- Ms.
- Other

- **Address**
  - Same as student’s

- **Phone**
- **Mobile**
- **Email**

- **Employer**
- **Phone**

### Guardian's name (if different than parents)

- Dr.
- Mr.
- Mrs.
- Ms.
- Other

- **Address**
  - Same as student’s

- **Phone**
- **Mobile**
- **Email**

- **Employer**
- **Phone**

### Siblings (names and ages):

---

*admissions/dean*
Previous Work Experience

- 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.

<table>
<thead>
<tr>
<th>#1</th>
<th>work</th>
<th>class</th>
<th>home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automotive maintenance</td>
<td></td>
<td></td>
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<tr>
<td>Auto repair/mechanic work</td>
<td></td>
<td></td>
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<tr>
<td>Driver/courier</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Filing</td>
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<tr>
<td>Receptionist duties</td>
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<tr>
<td>Telephone</td>
<td></td>
<td></td>
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<tr>
<td>Accounting/Bookkeeping</td>
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<td></td>
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<tr>
<td>Typing</td>
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<tr>
<td>Data entry</td>
<td></td>
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<td></td>
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<tr>
<td>Computer networking</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Web development</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Computer programming</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Postage machine operation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Retail sales</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Public relations</td>
<td></td>
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<td></td>
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<tr>
<td>Barista</td>
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<tr>
<td>Food-counter service</td>
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<td></td>
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<tr>
<td>Server</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cook/food prep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishwashing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Baking</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Catering</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>#2</th>
<th>Employer name, job title, and length of service</th>
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<tbody>
<tr>
<td></td>
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<td></td>
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<table>
<thead>
<tr>
<th>#3</th>
<th>Please note any other factors that may be helpful to the business office as they assign students to particular departments.</th>
</tr>
</thead>
<tbody>
<tr>
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<thead>
<tr>
<th>#4</th>
<th>Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Please rank your top three job preferences, #1 being most desired.</td>
</tr>
<tr>
<td></td>
<td>Bookstore __________</td>
</tr>
<tr>
<td></td>
<td>Gardening __________</td>
</tr>
<tr>
<td></td>
<td>Library __________</td>
</tr>
</tbody>
</table>
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 □ 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

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, diphtheria, 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 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.
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.) __________________________

Please check yes or no to the following:

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

Emotional
 under care of psychiatrist No
 under care of psychologist No
 ever had psychiatric care No
 ever hospitalized for emotional problems No
 emotional problems ever medicated for emotional problems No

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

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

Allergies
 medications No
 specify________________
 shots No
 specify________________
 foods No
 specify________________
 plants, animals, etc. No
 specify________________

Please check yes or no to the following:

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: ______________________

health service
Please check yes or no to the following:

<table>
<thead>
<tr>
<th>Eyes</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td>injury</td>
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<td>☐</td>
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<tr>
<td>impaired vision</td>
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<thead>
<tr>
<th>Skin</th>
<th>Yes</th>
<th>No</th>
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<td>eczema</td>
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</tr>
<tr>
<td>fungus</td>
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<td>☐</td>
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<tr>
<th>Heart &amp; Lungs</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>chest pain</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>difficulty in breathing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>persistent cough</td>
<td>☐</td>
<td>☐</td>
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<tr>
<th>Muscles, Joints &amp; Bones</th>
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<td>☐</td>
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<tr>
<td>varicose veins</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>deformity</td>
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<tr>
<th>Nervous System</th>
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<th>No</th>
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<tbody>
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<td>dizziness</td>
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<tr>
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<tr>
<td>numbness</td>
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<td>☐</td>
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<td>tremor</td>
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<thead>
<tr>
<th>Kidneys</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>painful urination</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>frequent urination</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>urinary bleeding</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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 doctor is required. Space for this is provided on the Physician Health Form.
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

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.
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
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

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.
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: ____________________________________________________________
(e.g. John Smith)
Relationship: _______________________________________________________
(e.g. Father/Stepfather)
Address: ___________________________________________________________
Phone: (h) _____________________________
(w) ________________________________
Name: ____________________________________________________________
(e.g. Carol Smith)
Relationship: _______________________________________________________
(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.
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: _______________
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.
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.