

# ENROLLMENT INFORMATION

**At Huntingdon College, we strive to make the registration and enrollment process hassle-free. Just follow these easy steps to confirm your intention to enroll:**

- ❑ **Send in your Enrollment Deposit:** (\$250 for campus resident students, \$200 for commuters—refundable until May 1 for fall enrollment or December 1 for spring enrollment)
- ❑ **Send Official Final Transcripts by August 1:** Transcripts must be mailed directly from your high school guidance or records office to the Huntingdon College Office of Admission, and official college transcripts must be mailed directly from the college where credit was earned. These documents must be received for all new students before Orientation and Registration. **The high school transcript must show a graduation date and grades for all completed classes.** Student-athletes should be aware that athletic eligibility depends upon receipt of all official transcripts.

The following forms (included) must be completed and returned in order to confirm your intention to enroll. We suggest you use this list as a check-off sheet.

If you plan to live on campus:

- ❑ **Campus Residency Form**
- ❑ **Residence Hall Housing Agreement**

If you plan to live off-campus:

- ❑ **Commuter Application**

All Students:

- ❑ **Health Form**
  - Attach copy of insurance card under which the student is covered (both sides)
- ❑ **Student Immunization Record & TB Questionnaire**
  - Attach copy of Immunization Record
- ❑ **Emergency Form**

***The Priority Deadline to receive the Enrollment Deposit and all completed forms in this packet is May 1 for fall enrollment and December 1 for spring enrollment. You may send the Enrollment Deposit to the address below at any time; however, we ask that all other completed forms be returned together and addressed to:***

**Huntingdon College  
Office of Admission  
1500 East Fairview Avenue  
Montgomery, AL 36106**

In addition to completing this Enrollment Information Packet and submitting the Enrollment Deposit, you will also need to attend an Orientation and Registration session to verify your enrollment at Huntingdon College. During the Orientation and Registration session you will receive vital information to help you as you transition into Huntingdon College, meet with an academic advisor, and register for classes for the upcoming semester. Information about Orientation and Registration sessions will be mailed separately from this Enrollment Information Packet. If you have questions or concerns about Orientation and Registration, please contact the Office of Admission. We look forward to learning more about you as you plan to enroll at Huntingdon College.

# HUNTINGDON COLLEGE

## Campus Residency Form

**MUST be completed by any student required to live on campus in a residence hall.**

**\*\* PLEASE PRINT \*\***

Residence hall accommodations and roommate assignments are made on a first-come, first-served, space-available basis from the date you completed and returned your **Enrollment Information Packet**.

*Commuter students must fill out the Commuter Application.*

**RETURN TO:** Huntingdon College, Office of Admission, 1500 E. Fairview Ave., Montgomery, AL 36106

Staple  
RECENT  
Photo  
Here

### PERSONAL INFORMATION

**Sex:**  Male  Female **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
Mo/Day/Yr

**Name:** \_\_\_\_\_  
Last First Middle Preferred

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**# Of Siblings:** **Sisters:** \_\_\_\_\_ Older / \_\_\_\_\_ Younger **Brothers:** \_\_\_\_\_ Older / \_\_\_\_\_ Younger

**I plan to enter Huntingdon College:**  Fall  Spring **Year:** \_\_\_\_\_

**Classification:**  Freshman  Sophomore  Junior  Senior **Intended Major:** \_\_\_\_\_

### HOUSING INFORMATION

If you know someone with whom you would like to room, please indicate your roommate preference.

**Roommate Preference:** \_\_\_\_\_ \* Please note that, both students must request each other

**Please indicate other housing preferences:** (Single room requests may or may not be granted due to housing capacity. Housing preferences are granted based on the date housing deposit is received.)

**Freshman Housing:**  Double  Single (will be charged accordingly)

**Upperclassman Housing: (transfer students)**  Hotel  Suite  Cluster  Single (will be charged accordingly)  
2-person 4-person 6-person

(CONTINUED ON BACK)

# ROOMMATE SURVEY

## How would you describe yourself to others?

1.....2.....3.....4.....5  
Reserved Outgoing

## How organized do you feel you are?

1.....2.....3.....4.....5  
Very organized Disorganized

## How does your room usually look?

1.....2.....3.....4.....5  
Immaculate Neat Messy

## What are your social expectations for your room?

1.....2.....3.....4.....5  
Quiet People Around Social  
Place Sometimes Hangout

## How do you predict you will spend your time?

1.....2.....3.....4.....5  
Mostly Studying Mostly Socializing

## Regarding room temperature, when do you feel most comfortable? When the room is:

- Warmer
- Cooler

## Are you a smoker?

- Yes
- No

## Would you mind a roommate who smokes?

- Yes
- No

## Would you mind a suitemate who smokes?

- Yes
- No

## The kind(s) of music you enjoy listening to the most:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alternative / Indie    | <input type="checkbox"/> Country       | <input type="checkbox"/> Pop / Top 40            |
| <input type="checkbox"/> Classical              | <input type="checkbox"/> Hip-hop / Rap | <input type="checkbox"/> Rock                    |
| <input type="checkbox"/> Contemporary Christian | <input type="checkbox"/> Jazz          | <input type="checkbox"/> Soft Rock / Adult Cont. |

## Sports/activities in which you plan to participate (intercollegiate and/or intramural):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Baseball or Softball | <input type="checkbox"/> Golf            | <input type="checkbox"/> Dance Team    |
| <input type="checkbox"/> Basketball           | <input type="checkbox"/> Lacrosse        | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Tennis               | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Cheerleading  |
| <input type="checkbox"/> Soccer               | <input type="checkbox"/> Volleyball      | <input type="checkbox"/> Band          |
| <input type="checkbox"/> Football             |  |  |

## If you are an athlete, would you like to room with an athlete? If so, please indicate sport(s) (please check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Baseball or Softball | <input type="checkbox"/> Golf            | <input type="checkbox"/> Dance Team    |
| <input type="checkbox"/> Basketball           | <input type="checkbox"/> Lacrosse        | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Tennis               | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Cheerleading  |
| <input type="checkbox"/> Soccer               | <input type="checkbox"/> Volleyball      | <input type="checkbox"/> Band          |
| <input type="checkbox"/> Football             |  |  |

## How do you feel about sharing (car, TV, food, clothing, etc.)?

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On a separate sheet of paper, please describe your idea of the perfect roommate (optional). Be sure to include your name.

I was completely honest in filling out all the above information. I understand that every possible consideration will be given in my preference of a roommate and room, but that no particular room or roommate has been promised.

Student Signature: \_\_\_\_\_

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

## When you study, what do you prefer?

1.....2.....3.....4.....5  
Quiet Some Noise Loud

## When do you usually go to sleep at night?

1.....2.....3.....4.....5  
Early Midnight After 2 a.m.

## When do you usually get up?

1.....2.....3.....4.....5  
Early Normal Late  
Right before class

## How close do you feel your roommate should be with you?

1.....2.....3.....4.....5  
Just someone I live with Best Friend

## Where do you plan to study most?

- My room
- The library
- Other: \_\_\_\_\_

# HUNTINGDON COLLEGE

## Residence Hall Housing Agreement

Fall \_\_\_\_\_ year TO Spring \_\_\_\_\_ year

**PLEASE READ THIS DOCUMENT CAREFULLY.**

- I. THIS AGREEMENT IS BINDING FOR THE ENTIRE ACADEMIC YEAR (DOES NOT INCLUDE SUMMER TERM) UNLESS THE STUDENT GRADUATES, WITHDRAWS, TRANSFERS, OR IS SUSPENDED FROM THE COLLEGE.**
- II. RESIDENCY REQUIREMENT—All students MUST live in residential housing unless they meet one or more of the following criteria:**
- Live at home with your parent or legal guardian at a permanent address on file with the College, which is less than 60 miles from Huntingdon College;
  - Have reached 21 years of age by August 1 of the academic year of attendance;
  - Have completed at least 90 academic hours by August 1 of the academic year of attendance;
  - Be married, pregnant, or have a dependent child.
- III. PERIOD OF AGREEMENT/OCCUPANCY**
- Fall Semester Housing** will extend from assigned move-in date through 24 hours after student's last exam.
  - Spring Semester Housing** will extend from 1:00 p.m. Sunday before classes begin through 24 hours after student's final exam.
  - Exceptions include:**
    - Thanksgiving from 9:00 a.m. Saturday before Thanksgiving through 1:00 p.m. Sunday after Thanksgiving.
    - Spring Break from 9:00 a.m. Saturday before Spring Break week through 1:00 p.m. Sunday after Spring Break week
    - For graduating seniors and those required to participate in the graduation ceremony, occupancy in the residence halls may be extended until 9:00 a.m. on the day following commencement.
  - The College is not able to accommodate students arriving ahead of published opening dates or remaining after published closing dates.
- IV. TERMINATION OF AGREEMENT**
- By the College: Upon appropriate email or written notice, the College reserves the right to terminate this Agreement and take possession of the room at any time for violation of the Agreement, standards outlined in the Student Handbook and Residence Life Policy and Expectations, and for reasons of order, health, safety, and discipline; academic deficiency; disciplinary suspension or dismissal; or when the resident exhibits disruptive behavior. Upon resident's default of any other terms of this Agreement, the College shall deliver email or written notice of termination of the resident's occupancy and allow a maximum of forty-eight (48) hours to vacate and check out, unless special written permission has been obtained by the Director of Residence Life. The College's termination of this Agreement DOES NOT relieve the Student of his/her liability for the remaining balance of the full amount of the applicable room rate for the semester.
  - The Agreement may be terminated by a student after the effective date of this Agreement for the following reasons:
    - Student does not enroll in the College. (no petition is required)
    - Student withdraws from the College. (no petition is required)
    - Student graduates from the College. (no petition is required)
    - Student is placed on academic/disciplinary suspension. (no petition is required)
    - Student presents evidence of marriage. (petition IS required)
    - Student moves to home of parent or legal guardian to commute. (petition IS required)
    - Student fulfills Residency Requirement (see II. above) and would like to move off-campus. (petition IS required)
  - In order to terminate this Agreement under the criteria stated in Section IVb subsections five (5) through seven (7) above, the Student: (1) shall submit a written petition to the Director of Residence Life at least two calendar weeks prior to the first day of classes for the semester for which the Student desires to terminate the Agreement; and (2) must receive specific permission from the Director of Residence Life or his/her designee. Terminations for reasons included in Section IVb, subsections one (1) through four (4) are exempt from this process.
- V. ROOM AND ROOMMATE ASSIGNMENTS**
- Rooming assignment order is based on the date that housing deposit is paid.
  - Space is limited in the residence halls. Assignments are thus made with priority to (1) upperclassmen who meet the housing requirement in this order—juniors, sophomores, freshmen, (2) first-year students (reserved freshman housing).
  - For returning students who apply by the deadline, the hall and room assignments are based on the student's class status. Applications received after deadline are assigned in the order in which they are received.
  - Every effort is made to honor a resident's preference for roommate, room type, and location; however, Huntingdon College does not guarantee the type or location of residence and/or roommate requests.
  - Entering freshmen are normally housed together and will remain in housing in areas designated throughout their first year.
  - A room reserved but not claimed by midnight of the first day of class is subject to cancellation unless Residence Life is notified of the student's late arrival.
  - A student may change rooms only by following the procedures outlined on the Residence Hall Contract or by advanced written approval by the Director of Residence Life or his or her designee. Students moving without permission will be subject to a fine.
  - The Office of Residence Life reserves the right to assign applicants and students to available space and, in its sole discretion, change such assignments at any time throughout the term of this Agreement.
  - The College has the right to enforce the consolidation policy as noted on the Residence Hall Contract. If a vacancy occurs in a room, the remaining student will accept an assigned roommate or move to another room upon notification by Residence Life. Where there is a vacancy, the room must be maintained by the occupant in a manner that will allow another student to move in immediately. The remaining student may request permission to maintain the room as a single room but must pay a single room rate for the remainder of the Agreement. Consolidation exists to keep as many rooms, suites, and clusters available as possible in order to grant the Residence Life Office the ability to provide housing on campus to all students who apply.
- VI. CHECK-IN / CHECK-OUT**
- At time of check-in, the Student is responsible for inspection of the overall condition of his/her room and must sign a "room condition report" (RCR) at the time of move-in. The Student must turn in any comments and/or changes related to the RCR by the first day of classes for comments to be considered upon check-out. The RCR officially documents the condition of the room at check-in. Completion of the RCR is vital to our policy of assessing damage charges to the appropriate resident. Check-out occurs when a Student has re-signed the RCR and has returned all keys. The Student is required to remove all personal belongings from his/her room prior to check-out.
- VII. FOOD SERVICE**
- Each student who receives a housing assignment from the Residence Life Office is required to purchase a meal plan.**
  - Meal plan options include: 19 "Flex" Plan, 15 "Flex" Plan, and 10 "Flex" Plan—see handbook for details.
  - No food service is available during holiday periods (i.e. Thanksgiving, Christmas, Spring Break).**

(CONTINUED ON BACK)

**VIII. ROOM ENTRY / INSPECTIONS**

- a. Student rooms are subject to monthly announced and/or unannounced health, safety, and maintenance inspections by members of the Residence Life staff.
- b. Students are responsible for the cleaning of their own rooms as well as common suite or cluster rooms.
- c. The College reserves the right to enter a resident's room for the purpose of inspection or repair, investigation, and in cases of clear emergency. The College recognizes its responsibility to respect the rights of a resident to have his/her privacy.

**IX. PROHIBITED ITEMS (Please refer to the complete list in the Student Handbook.)**

- a. Items not allowed in or around the residence halls include but are not limited to: candles, halogen lamps, grills (charcoal or "George Foreman" type), toasters, toaster ovens, guns (including air soft guns), alcoholic beverages, alcohol paraphernalia, decorative or otherwise (includes empty containers, posters, coolers etc.). Possession of such items will result in disciplinary action.
- b. Pets are NOT allowed. A small fish tank (less than 10 gallons), for fish only, is permitted.
- c. Use or possession of firearms, weapons, or fireworks on campus is prohibited.
- d. Possession of narcotic or hallucinogenic drugs and other agents having potential for abuse, except by a physician's prescription, is prohibited. Anyone violating this policy will be subject to immediate removal from the College.
- e. Smoking is not permitted in the residence halls. Smoking areas are designated outdoors and students must dispose of butts properly.

**X. QUIET HOURS**

While all residents are expected to maintain a reasonable sound level on their floors at all times, students are expected to follow posted quiet hours and to be respectful of other residents. Residents must comply with staff members regarding excessive noise.

**XI. ROOM PERSONALIZATION**

- a. Furniture and appliances in the residence hall rooms or common areas may not be removed or altered. Students may not substitute personal furniture for that provided by the College.
- b. Room decoration that does not alter or damage the room is permitted. Nothing is to be nailed, screwed, or pasted to the walls, woodwork, or ceilings of the rooms or common areas.

**XII. KEYS / SAFETY**

- a. Students are responsible for keeping up with their room keys. Loss of a key will subject the **student to all charges** related to securing the student's room.
- b. Propping open exterior doors to any residence hall is forbidden.
- c. Emergency procedures are established for every residence hall. Students should become familiar with the safety procedures for their residence halls as found in the Student Handbook and respond immediately when advised an emergency exists.

**XIII. VISITATION / GUESTS**

- a. Residence halls have set visitation schedules. Guests of a building and/or members of the opposite sex are not allowed in rooms or common areas outside the stated hours of visitation.
- b. Guests in a residence hall must be escorted by the resident at all times and must sign in and out upon entry and departure.
- c. Residents are fully responsible for the conduct of their guests.
- d. **Visitation with members of the opposite sex is not permitted after 1:00 a.m. Sunday–Thursday nights or 2:30 a.m. Friday and Saturday nights, either in student rooms or in the residence hall lobbies.**
- e. Overnight guests must be between the ages of 18–25. Cohabitation is not permitted.
- f. Cohabitation is defined as the following:
  - Individual(s) other than the student(s) assigned to a room living in that room.
  - Individual(s) other than the student(s) assigned to a room storing any personal belongings in that room.
  - Individual(s) other than the student(s) assigned to a room using a shower in the community restrooms.
  - Individual(s) other than the student(s) assigned to a room having unauthorized access to the room (use of keys, swipe card).
  - Guests must be accompanied by their Huntingdon College host at all times.

**XIV. COLLEGE LIABILITY**

- a. Property: The College shall assume no responsibility for the loss, damage, or theft of personal property belonging to, or in the custody of, the student for any cause whatsoever, whether such losses occur in student rooms, public areas, or elsewhere on campus. Students are encouraged to carry personal property insurance.
- b. Personal Injury: The College will not be held liable for any injuries in the residence halls or grounds unless the injury is due to negligence of the College or its employees.
- c. Assignments: The College reserves the right to assignments or reassignments of residence hall spaces. The College reserves the right to deny assignment to any student.
- d. Room Entry: The College reserves the right for authorized College personnel to enter the student's room for any purpose connected with maintenance, housekeeping, health inspections, or for any other reason reasonably connected with the interest of the College or the enforcement of rules and regulations.

**XV. COMPLIANCE WITH OTHER COLLEGE POLICIES**

The Student acknowledges that he/she is aware that the College and Residence Life have a number of policies that relate to and govern student conduct. Those policies are contained in several different documents, including, but not limited to, the Huntingdon College Student Handbook and the Residence Hall Contract. The Student agrees to familiarize himself/herself with these documents and policies and to comply with the obligations set forth in these publications and in other policy statements that pertain to students or student conduct or activities, as they may be amended from time to time.

**XVI. MISCELLANEOUS**

- a. Storage space is not available in residence halls.
- b. Having a motor vehicle on campus is a privilege. Failure to comply with parking regulations will result in the loss of the privilege.
- c. Occupancy is defined by issuance of a key to the student for a specified room and does not require actual physical presence by the student or his/her possessions.
- d. Regular attendance in academic classes is mandatory in order to remain in Huntingdon College housing. A student who fails to attend classes during the semester is subject to immediate removal from the residence hall.

**XVII. ROOM AND BOARD PRICES**

Please visit the Huntingdon College Web site at <http://www.huntingdon.edu> for Room and Board Prices.

**I have read the terms and conditions of the Residence Hall Agreement and hereby accept them and agree to abide by them.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent or Legal Guardian Signature (required when a student initially resides on campus and/or if the student is under 18 years of age)** \_\_\_\_\_

**Date:** \_\_\_\_\_

# HUNTINGDON COLLEGE

## Commuter Application

This application **MUST** be completed by any student requesting to live OFF-Campus.

**\*\* PLEASE PRINT \*\***

**Deadlines for Submission:** June 1 for returning students; August 1 for new students or re-admits; with the tuition deposit if admitted after July 20.

As a residential campus, Huntingdon College encourages students to live in campus residence halls and to experience the full spectrum of college life as you grow, learn, and interact with students, faculty, and staff in ways that cannot be replicated in the commuter experience. Though we strongly believe in the residential component of college life, we understand that there are some circumstances that warrant students to apply for off-campus living.

In order to be eligible to live off-campus, you must meet one or more of the following criteria:

1. Live at home with your parent or legal guardian at a permanent address on file with the College, which is less than 60 miles from Huntingdon College;
2. Have reached 21 years of age by August 1 of the academic year of attendance;
3. Have completed at least 90 academic hours by August 1 of the academic year of attendance;
4. Be married, pregnant, or have a dependent child.

To request permission to live off-campus, please complete the form below and return it, along with supportive documentation as required in your Enrollment Information Packet or separately to **Huntingdon College, Office of Residence Life, 1500 E. Fairview Ave., Montgomery, AL 36106**



### PERSONAL INFORMATION

Sex:  Male  Female Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Mo/Day/Yr

Name: \_\_\_\_\_  
Last First Middle Preferred

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

# Of Siblings: Sisters: \_\_\_\_\_ Older / \_\_\_\_\_ Younger Brothers: \_\_\_\_\_ Older / \_\_\_\_\_ Younger

I plan to enter Huntingdon College:  Fall  Spring Year: \_\_\_\_\_

Classification:  Freshman  Sophomore  Junior  Senior Intended Major: \_\_\_\_\_

### OFF-CAMPUS HOUSING ELIGIBILITY

- I will reside with a parent or legal guardian within 60 mile of Huntingdon College. (To support this statement, please include a notarized letter from your parent or guardian stating that you reside at their home, which is the permanent address in your letter.)
- I will reach age 21 years of age by August 1 of the academic year of attendance.
- I will complete at least 90 academic hours by August 1 of the academic year of attendance.
- I am married, pregnant, or have a dependent child.

(CONTINUED ON BACK)

I, \_\_\_\_\_, understand the eligibility requirements for requesting off-campus housing. My signature below indicates that the information I have provided is accurate. I understand that students who provide the College with false information before or after the housing request process will be subject to action by the College Judicial Board and/or Dean of Students for sanctioning that may include separation from the College.

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Student Signature

Date

Thank you for submitting the Commuter Application. Your application will be considered by the Housing Committee on a first-come, first-served basis, and you will be notified of the decision promptly.

**Note: Please be aware that your Financial Aid Package may change if you reside off-campus.**

The Housing Committee



Describe details for each "yes" with dates. Please use an extra page if this space is not adequate.

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**CURRENT MEDICATIONS/ALLERGIES**

| Medication Name: | Doses and Dosing Schedule: | Other Info Needed: |
|------------------|----------------------------|--------------------|
| <hr/>            | <hr/>                      | <hr/>              |
| <hr/>            | <hr/>                      | <hr/>              |
| <hr/>            | <hr/>                      | <hr/>              |

- No known allergies.
- Medication Allergy: \_\_\_\_\_  Environmental Allergy: \_\_\_\_\_
- Insect/Bee Allergy: \_\_\_\_\_  Food Allergy: \_\_\_\_\_

**SIGNATURES REQUIRED**

- I certify that, to the best of my knowledge, the information on this form is complete and correct.

**Student's Printed Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I hereby grant Huntingdon College permission to authorize emergency medical or surgical treatment for myself. I understand that the College will make the arrangements without assuming financial responsibility.

**Student's Signature (19 years of age or older):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT FOR MINOR (under 19 years of age):** I give my permission for medical treatment for my son/daughter if accident/illness should occur while he/she is a student at Huntingdon College. This would include referral to a local hospital which may result in his/her hospitalization, anesthesia, and/or surgery should it be necessary, and I am unable to be reached.

**Parent/Guardian's Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THINGS TO RETURN WITH THIS FORM:**

- Proof of Insurance (copy front and back)
- Student Immunization Record (next page)
- Copy of State Immunization Certificate

**RETURN TO:**

Huntingdon College . Office of Admission . 1500 East Fairview Avenue . Montgomery, AL 36106  
Phone: 334.833.4497 Fax: 334.833.4347

# STUDENT IMMUNIZATION RECORD

(or the student can turn in a COPY of state issued immunization record)

Full Name (Print): \_\_\_\_\_

Last

First

Middle

Effective Fall Semester 2008, all incoming Huntingdon College students must meet the CDC and American College Health Association immunization guidelines **prior to the first day of classes**. Please carefully review the Huntingdon College immunization requirements and complete the information below. **Each student must return this form ALONG WITH a copy of your State Immunization Certificate.**

## ALL HUNTINGDON COLLEGE STUDENTS MUST HAVE THE FOLLOWING MEDICAL DOCUMENTATION PRIOR TO MATRICULATION:

1. **Measles, Mumps, and Rubella Requirement:** All students born on or after January 1, 1957, must meet this requirement, either by having been vaccinated against the three diseases (either as the combined vaccine MMR or individual vaccinations) or showing laboratory evidence of immunity to all three diseases:

### Measles, Mumps, Rubella (MMR)

- Dose 1: At 12 months of age or older (provide month and year) **and** **Date:** \_\_\_\_\_  
 Dose 2: At 4–6 years of age or older (provide month and year; must be since 1980) **Date:** \_\_\_\_\_

2. **Tetanus-Diphtheria Requirement:** All students must have the basic primary series of three doses of Diphtheria and Tetanus Toxoid (DT or Td). These are usually given with Pertussis vaccine (DPT) in infancy. In addition, a Td booster within the past 10 years is required.

- Primary series of three doses of Diphtheria and Tetanus immunizations (provide month and year of completion), **and** **Date:** \_\_\_\_\_  
 Td booster within the past 10 years **Date:** \_\_\_\_\_

3. **Varicella (Chickenpox) Requirement:** All students must have a history of Varicella (chickenpox), a positive Varicella antibody titer, or two doses of vaccine given at least one month apart.

- History of Varicella (chickenpox):  Yes  No **Date:** \_\_\_\_\_  
 Varicella Antibody:  Positive  Negative **Date:** \_\_\_\_\_  
 Varicella Vaccination Dose 1 (provide month and year) **Date:** \_\_\_\_\_  
 Varicella Vaccination Dose 2 (at least one month after Dose 1, provide month and year) **Date:** \_\_\_\_\_

4. **Polio:** Primary series of polio immunization (oral, inactivated, or E-IPV).

- Completed primary series of polio immunization.  
Type:  Oral  Inactivated  E-IPV **Completion Date:** \_\_\_\_\_

5. **Tuberculin Skin Test (PPD):** Required within 12 months prior to the first day of class of the semester you enter school. Having a chest x-ray is NOT an acceptable alternative, unless you have previously had a positive PPD test. According to Alabama Public Health Department guidelines, anyone with a new or previous positive PPD test must provide an official report. If you have initiated or completed treatment for your positive PPD, please provide us the documentation.

**Date PPD Given:** \_\_\_\_\_ **Date Results Read (within 48-72 hours):** \_\_\_\_\_  
**Results of PPD:** \_\_\_\_\_ mm. (DO NOT write "negative"—please provide results in millimeters)  
**Chest X-Ray Results:** \_\_\_\_\_ **Date of Chest X-Ray:** \_\_\_\_\_

## VACCINATIONS RECOMMENDED BUT NOT REQUIRED:

6. **Meningococcal (Meningitis) Vaccination:** The CDC and the American College Health Association have recommended that all students and parents be informed about meningococcal disease and the benefits of vaccination. The vaccine is recommended for all freshmen, particularly those who live in or plan to live in residence halls. Students and parents with questions about the vaccine should contact the Coordinator of Student Health Services in the Hut or at (334) 833-4577.

- Meningococcal Vaccine (provide month and year) **Date:** \_\_\_\_\_

7. **Hepatitis A Vaccine:** **Dose 1 Date:** \_\_\_\_\_ **Dose 2 Date:** \_\_\_\_\_

8. **Hepatitis B Vaccine:** A series of three Hepatitis B vaccinations is recommended: an initial dose, followed by a dose at 1–2 months and a dose at 6–12 months).

- Dose 1 Date:** \_\_\_\_\_ **Dose 2 Date:** \_\_\_\_\_ **Dose 3 Date:** \_\_\_\_\_  
 Result of post-vaccine antibody titer (recommended but not required):  Positive  Negative **Date:** \_\_\_\_\_

9. **Pneumococcal Polysaccharide Vaccine:** **Date:** \_\_\_\_\_

10. **Other Vaccinations (include month and year):** \_\_\_\_\_

M.D. Printed Name: \_\_\_\_\_

M.D. Signature: \_\_\_\_\_

(CONTINUED ON BACK)

# TUBERCULOSIS RISK QUESTIONNAIRE

**Name (Print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. To the best of your knowledge, has anyone close to you (family, friends) ever been sick with tuberculosis (TB)? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
2. Were you born in a country that is NOT listed below? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
3. Have you traveled or lived for more than a month in one or more countries NOT listed below? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

List Countries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **American Region**

Canada  
Jamaica  
Saint Kitts and Nevis  
Saint Lucia  
United States of America  
Virgin Islands (USA)

## **European Region**

Belgium  
Denmark  
Finland  
France  
Germany  
Iceland  
Ireland  
Italy  
Liechtenstein  
Luxembourg  
Malta  
Monaco  
Netherlands  
Norway  
San Marino  
Sweden  
Switzerland  
United Kingdom

## **Western Pacific Region**

American Samoa  
Australia  
New Zealand

If you answered **YES** to any of the questions above, by recommendation of the Alabama Department of Public Health, Huntingdon College requires a tuberculin skin test to check for latent tuberculosis infection prior to enrolling in classes.

For questions, please contact the Student Health Office at (334) 833-4577.

# HUNTINGDON COLLEGE

## Emergency Form

**\*\* PLEASE PRINT \*\***

All information disclosed on this form will be kept confidential and will be shared with appropriate College personnel on a need-to-know basis only. **Every student at Huntingdon College must have proof of insurance, a Health Form, and an Emergency Form on file at all times.** If proof of insurance is not provided, you will automatically be enrolled in the school's plan and your student account will be charged accordingly. **NOTE:** proof must be produced every school year.

### PERSONAL INFORMATION

Dependent Student

Independent Student

Sex:  Male  Female Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ SS#: \_\_\_\_\_  
Mo/Day/Yr

Name: \_\_\_\_\_  
Last First Middle Preferred

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) Cell Phone: ( )

E-mail Address: \_\_\_\_\_ Campus Address: \_\_\_\_\_  
Building Room #

Place of Birth: \_\_\_\_\_

### HEALTH INSURANCE COVERAGE

Name on Insurance Plan: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Claims Phone #: ( )

Policy Holder's ID #: \_\_\_\_\_ Policy Group #: \_\_\_\_\_

Is your dependent son/daughter covered under this policy?  Yes  No

HMO -----> PCP Name: \_\_\_\_\_ PCP Phone #: ( )

PPO

Preauthorization is required for medical diagnostic services—must contact PCP to obtain referral.

Insurance covers prescriptions/medications.

### EMERGENCY CONTACT INFORMATION

Name of Parent/Guardian/Spouse (circle one): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) Cell Phone: ( )

Two other contacts if above cannot be reached:

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) Cell Phone: ( )

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) Cell Phone: ( )

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



# IMPORTANT INFORMATION TO KNOW

## RESIDENCE HALL ROOM DIMENSIONS

### Blount Hall Hotels

Capacity: 2 Students  
Room Floor: 11'9" x 15'  
Bath Floor: 7'8" x 4'6"  
Window: 36" W x 50" H  
Bed Size: Extra Long Twin  
Closet: 33" W x 22" D x 79" H

### Searcy Hall

Capacity: 2 Students  
Room Floor: 14' x 11'  
Window: 38.5" W x 58.5" H  
Bed Size: Extra Long Twin  
Closet: 46.5" W x 68" D  
Bathrooms: Community

### Blount Hall Suites

Capacity: 4-6 Students  
Bath Floor: 7'8" x 4'5"  
Window: 36" W x 50" H  
Bed Size: Extra Long Twin  
Closet: 33" W x 22" D x 79" H

### Ligon Hall

Capacity: 2 Students  
Main Floor: 13' 4.5" x 10' 10"  
Window: 38.5" W x 58.5" H  
Bed Size: Extra Long Twin  
Bathrooms: Community

### Blount Hall Clusters

Capacity: 6 Students  
Living Area: 11'6" x 18'3"  
Window: 36" W x 50" H  
Bedroom: 10'3" x 12'2"  
Window: 36" W x 50" H  
Bed Size: Extra Long Twin  
Closet: 33" W x 22" D x 79" H  
Tub Area: 4'9" x 4'9"  
Sink Area: 4'9" x 7'10"

## DON'T FORGET TO PACK...

### Bedroom:

Alarm clock  
Carpet or rugs  
Extra long twin sheets  
Pillows  
Curtains  
Desk lamp  
TV  
Stereo  
Laundry hamper

### Kitchen:

Microwave-safe dishes  
Utensils  
Snacks  
Dishwashing soap

### Bathroom:

Towels  
Bath mats  
Robe  
Shower shoes  
Shower bucket

### School Supplies:

Pens and pencils  
Highlighters  
Paper and/or notebooks  
Calculator  
Reference books  
Dictionary

### Electronics:

UL-approved power strip  
Printer  
Paper  
Printer ink  
Laptop computer lock

### Random Things:

Flashlight  
Quarters for laundry  
Mending kit  
Broom and dust pan  
Rain gear  
Hangers  
First aid kit  
Stationery and stamps

## THINGS NOT TO BRING...

Toaster  
Incense  
Candles  
Potpourri burners  
George Foreman type grills  
Anything with an open flame  
Anything with a heating surface  
Pets (exception for fish in a 10 gallon tank or less)  
Halogen lamp with plastic shades (may cause fire)  
Any alcoholic or drug paraphernalia (posters, coolers, bottles, etc.)