

College of the Redwoods – Student Housing Information Form

The following forms are required of all residents. The information is used by the staff in emergency situations and for the assignment of roommates. All information will be held in strict confidence. If you would like us to be able to share your contact information with your roommate prior to move in, please check YES on the last page of the Roommate Questionnaire.

1. Student's Name: Last		First	MI	2. CR ID # (Required)	
3. Student's Mailing Address		City	State	Zip Code	Country
4. Home Phone (Area Code and Number)	Cell Number (Area Code and Number)		5. Date of Birth	Age	6. Gender
7. Student's E-Mail Address:		8. What is your cumulative High School or College Grade Point Average (GPA)? (Required) _____ Did you receive a GED or Proficiency Certificate?			
9. College Level: (Check all that apply) <input type="checkbox"/> 1 st Year College Freshman <input type="checkbox"/> Returning College Student <input type="checkbox"/> Transfer Student <input type="checkbox"/> Athlete <input type="checkbox"/> International Student					
10. Food allergies/ dietary restrictions?					
11. Program of Study?					
12. Type of Occupancy Requested: (Check all that apply, needs to match the selected term on the License Agreement) <input type="checkbox"/> Summer Session: May 21, 2021- August 9, 2021 (Must have a Full-Year or Fall-Only contract) <input type="checkbox"/> Full-Year: August 16, 2021-December 18, 2021 and January 10 2022-May 14, 2022 <input type="checkbox"/> Fall Only: August 16, 2021-December 18, 2021 <input type="checkbox"/> Spring Only: January 10, 2022-May 14, 2022 <input type="checkbox"/> Police Academy- Fall Only: July 9, 2021- December 18, 2021 <input type="checkbox"/> Police Academy- Spring Only: January 7, 2022- June 17, 2022					
13. If you are a person with a disability, do you require any special accommodations for housing placement? If yes, please explain: (Attach an additional sheet if needed, please list any special accommodations which you require.)					
14. Have you ever been convicted of a felony? (*Note: this will not necessarily deny your housing eligibility). Of what specific offense were you convicted and when?					
15. Have you applied for 2021-2022 Financial Aid? If yes, when did you file your FAFSA? _____ Have you received your Financial Aid Award Letter from College of the Redwoods?					
16. Have you lived in the College of the Redwoods Residence Halls before? If yes , what semester/s? _____					
<p>By signing and submitting this Housing interest form, the undersigned (and if applicable, his/her/their parent or guardian) agrees to be bound by the terms and conditions set forth in the College of the Redwoods Residence Hall License Agreement (a copy of which is attached to this application). Providing false information may lead to immediate rejection or removal of applicant from student housing.</p> <p>Students Full Name (First and Last): _____ Date: _____</p> <p>Parent/ legal guardian's name: _____ (If student is under 18, signature of parent/legal guardian is required on the "Hand Signature Page" of the Housing Application packet.)</p>					

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EMERGENCY OR ILLNESS PROCEDURES

IN CASE OF EMERGENCY, ILLNESS, OR INJURY, I CONSENT TO AND UNDERSTAND THAT THE COLLEGE MAY CALL PARAMEDICS AND - IF NECESSARY - TRANSPORT THE STUDENT TO A LOCAL HOSPITAL BY AMBULANCE FOR TREATMENT AND CARE.

Student Initials Student Name (first and last): _____

Emergency Contact Information:

Parent/ Guardian (name) _____ Day Phone: (____) _____

Address: _____ Night Ph: (____) _____

Parent/Guardian (name) _____ Day Phone:(____) _____

Address: _____ Night Ph: (____) _____

Other Contact _____ Day Phone: (____) _____

Relationship: _____ Night Ph: (____) _____

Family Physician _____ Day Phone: (____) _____

Check all that apply and explain all checked items:

- ___ Drug/Medication sensitivity or reaction
___ Asthma ___ Heart Disorder ___ Allergies
___ Other health or medical conditions of which the College should be aware:

Name of Insurance Carrier _____ Group # _____
(Please send a copy of the Insurance Card.)

Student's Name _____ Date _____

If the student is under 18 years of age as of the date the student signs the application, then this form MUST BE SIGNED ("Hand Signature Page") by a parent or guardian.

I hereby give my consent for emergency medical or surgical care to be given to my son or daughter should the need arise.

Parent 's Name _____ Date _____

ROOMMATE PREFERENCE QUESTIONNAIRE

Name _____
Last First MI

Age: _____ Gender Male Female

PREFERRED ROOMMATE (name) _____

Your answers to the following questions provide us the information to pair you with a roommate for the coming year. Please read and answer each question carefully. All of your responses are CONFIDENTIAL (we will share your information with your paired roommate only if you select YES on page 5 of this form) and will be used only to make compatible roommate assignments. Some questions may require imagination. When selecting your answers, please remember to answer with the understanding that college life may provide you new freedoms, choices, and opportunities.

Personal Preferences/Personality Descriptions

1) Although there is no smoking on campus (including the Residence Halls):

Do you smoke?
Would you object to a roommate who smokes?

2) Would you consider yourself to be:

3) At what level do you prefer to listen to your music?

4) When studying is your music:

5) I prefer to sleep and study in a room that is:

6) If visiting, you would probably find my room:

7) Do you consider yourself:

8) As it relates to sharing my personal belongings with my roommate:

9) If my roommate were doing something that bothered me, I would:

10) List three hobbies or activities that you enjoy:

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There is a possibility that some of the questions are more significant to you than others. Please indicate the three most important questions in order so that we can make the best match possible.

1st Priority	Question #
2nd Priority	Question #
3rd Priority	Question #

11) What qualities/habits would your IDEAL roommate have?

12) What academic courses / areas interest you the most?

13) What careers most interests you right now?

14) What campus activities do you plan to participate in?

15) What interscholastic sports do you plan to participate in if any?(Available interscholastic sports: Baseball, Men's and Women's Basketball, Cross Country, Men's and Women's Soccer, Softball, Track, Volleyball.)

16) Why did you choose college of the Redwoods, and why do you want to live on campus?

17) How did you hear about College of the Redwoods Housing? (Internet, friends, radio, coaches, etc.)

18) Have you indicated on your Financial Aid Paperwork (FASFA Question 52, see example below) that you are a foster youth? Example from FASFA - (Question 52. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?) (Please select one)

OPTIONAL AGREEMENT

Would you like to request that you be assigned a space in the "Study Hall"? (Please select one)

Please note that if you are assigned to this floor, whether at your request or otherwise, you must agree to respect and observe a 24-hour quiet policy.

OPTIONAL AGREEMENT

Would you like for the Housing Office to share your contact information with your assigned roommate? (Please select one)

Please note that roommate assignments may change up to Opening Day. If you or your assigned roommate does not select "Yes" in this box, the Housing Office will be unable to share their information with you.

When accepted, I would like to receive my acceptance letters and additional forms via:

Student Name:

Date: