St. Augustine Community College

STUDENT REGISTRATION FORM

(PLEASE USE BLOCK LETTERS ONLY) **STUDENT INFORMATION** (PRINT ALL INFORMATION CLEARLY)	
NAME:	**AGE:**
SCHOOL:	**FORM:**

PARENT / GUARDIAN INFORMATION	
NAME:	**CELL PHONE:**
E-mail address :	
I have read and agreed to the rules and guidelines stated on the timetable.	
SIGNATURE: (Parent)	
SIGNATURE: (Student)	

Please DO NOT write in this section.

SUBJECTS	OPTIONS	SUBJECTS	OPTIONS
Math		Add Math	(1) (2)
POA			

FOR OFFICIAL USE ONLY		Payment	
DRESS CODE: ☐			
		Receipt #	