

# 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		Physics	
English		Chemistry	
POA			
POB			

FOR OFFICIAL USE ONLY
DRESS CODE: <input type="checkbox"/>

Payment	
Receipt #	