

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	
Add Math	
Math	
POA	
POB	

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

Payment	
Receipt #	