

St. Augustine Community College

Corner Wilson & Warner Streets, St. Augustine (Ministry of Education Registration#1273)
☎663-3370 ☎746-9117

Application for the Academic Year **2023/2024** ONLY FOR FORM _____

WE REQUIRE THE FOLLOWING INFORMATION TO HELP PROCESS YOUR APPLICATION. THE SCHOOL RESERVES THE RIGHT TO VERIFY THE FOLLOWING INFORMATION. IF IT IS FOUND AT A LATER STAGE THAT YOU GAVE INCORRECT INFORMATION, THE STUDENT MAY BE EXPELLED PROMPTLY. IF ALL THE SPACES IN THIS APPLICATION FORM ARE NOT COMPLETED IT CANNOT BE PROCESSED.

PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS

1. LAST NAME

2. FIRST NAME

3. ADDRESS

4. TEL. # (HOME) - # (MOTHER) -

(FATHER) - # (STUDENT) -

5. E-MAIL ADDRESS (Mother) _____ (Father) _____

(Guardian) _____ (student) _____

6. SCHOOL ASSIGNED AT SEA

7. DATE OF BIRTH dd mm yy 8. AGE 9. GENDER MALE FEMALE

10. RELIGION:

11. Do you have any medical condition which may result in an emergency or which may require use of medication during school?

A. If Yes, Explain: _____

B. Emergency Medication and Physician: _____

12. Do you have any learning or reading challenges e.g.: ADD or Dyslexia? YES NO

If YES, Explain: _____

13. Do you have any close relative or family member who is attending or has attended this school? YES NO

If YES, NAME: _____

14. Have you ever been transferred, suspended or expelled from your previous school? YES NO

If YES, Why? _____

15. Have you ever been charged or convicted of any offence? YES NO

If YES, Explain: _____



16. FATHER'S NAME

17. OCCUPATION/ PROFESSION

18. PLACE OF WORK: _____
NAME OF BUSINESS & LOCATION (IF self-employed)

19. WORK PHONE CONTACT: - EXT. _____

20. MOTHER'S NAME

21. OCCUPATION/ PROFESSION

22. PLACE OF WORK: _____
NAME OF BUSINESS & LOCATION (IF self-employed)

23. WORK PHONE CONTACT: - EXT. _____

24. GUARDIAN'S NAME

25. RELATION TO STUDENT: _____

26. OCCUPATION/ PROFESSION

27. PLACE OF WORK: _____
NAME OF BUSINESS & LOCATION (If self-employed)

28. WORK PHONE CONTACT: - EXT. _____

29. PARENT'S STATUS: MARRIED SEPARATED DIVORCED SINGLE

30. (a) WHO IS LEGALLY RESPONSIBLE FOR YOU? MOTHER FATHER GUARDIAN ALL

(b) WITH WHOM DO YOU LIVE? MOTHER FATHER GUARDIAN ALL

FULL NAME/S (From item 30(a))

SIGNATURE/S

31. Whom should the school authorities communicate with by way of correspondence or in person if necessary concerning the student.

MOTHER FATHER GUARDIAN ALL

The school authorities will not meet with any unapproved guardian for matters pertaining to the student other than those stated above.

32. _____
PARENT'S/GUARDIAN'S SIGNATURE

DATE