

# St. Augustine Community College

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

Application for the Academic Year **2024/2025** ONLY FOR FORM \_\_\_\_\_  New  Returning

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. PREVIOUS SCHOOL (NEW STUDENTS ONLY)

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