St. Augustine Community College

Corner Wilson & Warner Streets, St. Augustine (Ministry of Education Registration#1273) 2663-3370 2746-9117

Application for the Academic Year **2025/2026** <u>ONLY</u> 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 ATTACH ID SIZE PICTURE HERE.
3. ADDRESS 4. TEL. # (HOME) # (FATHER) # (FATHER) </td
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:
19. WORK PHONE CONTACT:
20. MOTHER'S NAME
21. OCCUPATION/ PROFESSION
22. PLACE OF WORK:
23. WORK PHONE CONTACT:
24. GUARDIAN'S NAME
25. RELATION TO STUDENT:
26. OCCUPATION/ PROFESSION
27. PLACE OF WORK:
28. WORK PHONE CONTACT:
29. PARENT'S STATUS: \Box MARRIED \Box SEPARATED \Box DIVORCED \Box SINGLE
30. (a) WHO IS LEGALLY RESPONSIBLE FOR YOU? \Box MOTHER \Box FATHER \Box GUARDIAN \Box ALL
(b) WITH WHOM DO YOU LIVE?
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