St. Augustine Community College

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

Application for the Academic Year **2026/2027** 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

ATTACH ID SIZE PICTURE HERE. (Please Provide 1 additional picture for ID card)

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