

St. Augustine Community College

IMPROVEMENT CLASSES – ACADEMIC SUPPORT PROGRAMMES

STUDENT REGISTRATION

(PLEASE USE BLOCK LETTERS ONLY) STUDENT INFORMATION (PRINT ALL INFORMATION CLEARLY)	
NAME:	
SCHOOL:	AGE :
	FORM :
PARENT / GUARDIAN INFORMATION	
NAME :	Main cell phone contact:
E-mail address(if first time registration)	
PLACE OF EMPLOYMENT:	
I have read and agreed to the rules and guidelines given on the timetable.	Additional phone contact:
SIGNATURE: (Parent)	
SIGNATURE:(Student)	

Please DO NOT write in this section.

SUBJECTS	OPTIONS	SUBJECTS	OPTIONS
Math	(1) (2) (3)	Physics	
English	(1) (2)	Chemistry	
Spanish		Biology	
Add Math	(1) (2) (3)		
POA			
POB			

Form 6 Only
<input type="checkbox"/>
<input type="checkbox"/> Chemistry
<input type="checkbox"/>
<input type="checkbox"/> Comm. Studies
<input type="checkbox"/> Caribbean Studies
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FOR OFFICE USE ONLY

Payment	
Receipt #	