

St. Augustine Community College
PERSONAL DEVELOPMENT COURSES
REGISTRATION FORM

NAME (BLOCK LETTERS): _____

AGE: _____

HOME ADDRESS: _____

PHONE(H): _____

EMAIL ADDRESS: _____

PHONE(C): _____

I have read all the rules and requirements governing these courses and hereby agree to abide by them. Failure to do so may result in being withdrawn from the classes.

SIGNATURE

Please fill out the information below only if requested:

MOTHER'S NAME: _____

CELL NO. _____

FATHER'S NAME: _____

CELL NO. _____

PLEASE DO NOT WRITE IN THIS SECTION

PRIVATE CANDIDATES CXC/GCE

JANUARY REVISION COURSES			JUNE COURSES		
Subject	Grade	Year of last sitting	Subject	Grade	Year of last sitting

PAYMENT	
RECEIPT #	