

St. Augustine Community College *Summer Classes 2024*

STUDENT REGISTRATION FORM

<small>(PLEASE USE BLOCK LETTERS ONLY)</small> STUDENT INFORMATION <small>(PRINT ALL INFORMATION CLEARLY)</small>	
NAME:	AGE:
SCHOOL:	FORM:
	<small>(entering in September 2024)</small>

PARENT / GUARDIAN INFORMATION	
NAME:	CELL PHONE:
E-mail address :	
I have read and agreed to the rules and guidelines stated on the timetable.	
SIGNATURE: (Parent)	
SIGNATURE: (Student)	

Please DO NOT write in this section.

SUBJECTS	OPTIONS	SUBJECTS	OPTIONS
Math	(1) (2)	Biology	
English	(1) (2)	Physics	
Social Studies		Chemistry	
POA	(1) (2)	Add Math	
POB		Info. Tech	

FOR OFFICIAL USE ONLY

DRESS CODE:

Payment	
Receipt #	