

# *St. Augustine Community College*

## SUMMER CLASSES 2025

### STUDENT REGISTRATION FORM

(PLEASE USE BLOCK LETTERS ONLY) <b>STUDENT INFORMATION</b> (PRINT ALL INFORMATION CLEARLY)	
NAME:	AGE:
SCHOOL:	FORM:
	(entering in September 2025)

<b>PARENT / GUARDIAN INFORMATION</b>	
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		Physics	
Social Studies		Chemistry	
POA		Add Math	
POB		Geography	

FOR OFFICIAL USE ONLY
DRESS CODE: <input type="checkbox"/>

Payment	
Receipt #	