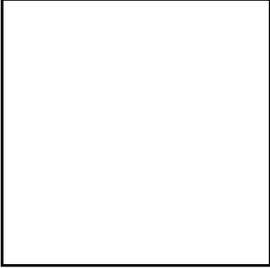




ST. AUGUSTINE COMMUNITY COLLEGE

Application Form 2025/2026

Student Information

| | | | |
|---|-------------------------------|---------------------------------|------------------------|
|  ID PHOTO | Last Name | Address | |
| | First Name | Religion | |
| | Date of Birth | Age | Previous School |
| | Gender | | |
| | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |

Parent / Guardian Information

| | | |
|----------------------|----------------------|----------------------------|
| Father's Name | Mother's Name | Guardian's Name |
| Occupation | Occupation | Relation to Student |
| Work Phone | Work Phone | Occupation |

Medical & Additional Information

| | |
|---|---|
| Medical Conditions | Family Member at School |
| Emergency Medication / Physician | Transferred/Suspended/Expelled? Why? |
| Learning Challenges | Charged/Convicted? Explain |

Additional Information

| | | | |
|-----------------------------------|------------------------------------|-----------------------------------|------------------------------|
| Parent's Status | With Whom Do You Live? | | |
| <input type="checkbox"/> Married | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Guardian | <input type="checkbox"/> All |
| <input type="checkbox"/> Single | | | |
| Legally Responsible | Primary Contact for School | | |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Guardian | <input type="checkbox"/> All | |
| <input type="checkbox"/> Father | | | |
| <input type="checkbox"/> All | | | |

Declaration & Signature

I hereby declare that the information provided is accurate. False information may result in expulsion.

Full Name

Signature

Date