

Day School Program Application - Super Mileage

Please complete the following information. This document will place you on our mailing list to receive the quarterly Ranken newsletter, invitations to campus events and other enrollment information. It will also serve as your application when you decide to become an official applicant to Ranken. The \$95 nonrefundable registration fee will be waived.

Personal Information

First Name: _____ Middle: _____ Last: _____

Preferred Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Phone: (home) _____ (cell) _____

Cell Phone Carrier: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

By providing my contact information on this form and submitting, I provide my signature and consent to receive text messages and telephone calls from Ranken Technical College via automated technology at the mobile telephone number I have provided. We will never share your phone number with external sources. I understand that I am not required to enter into this agreement as a condition of any purchase. I also understand that I may revoke my consent at any time. To opt out of the texting service, contact the Admissions Office at (314) 286-4809 or email admissions@ranken.edu with the subject line "opt out of text messaging." For all messages sent using this service, standard messaging and data rates may apply.

Gender: Male Female

Are you a citizen of the U.S.? Yes No If no, please list your country: _____

Are you Hispanic or Latino/a? Yes No

With which of the categories below do you most identify? Please select one or more:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Do you have a learning, medical or physical disability or condition? Yes No

I certify that the information I have provided in this application is complete and accurate to the best of my knowledge.

I understand that if I attend Ranken Technical College, I am responsible for all costs.

Student Signature: _____

Date: _____

High School: _____

High School Grade in Fall - When Super Mileage starts (Circle One) 9 10 11 12