



## HIGH SCHOOL QUICK STEP APPLICATION FORM

Please submit to the Office of Outreach and Admissions at [admissions@rcbc.edu](mailto:admissions@rcbc.edu) or in-person.

### APPLICANT PERSONAL INFORMATION

Last Name	First	Middle	Birth Date	Age
Street Address			High School	
Telephone			High School Year if Applicable (Fr./Soph./Jr./Sr.)	
Student Email			Graduation Year	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to answer	
Are you Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Race:	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Not Applicable	
Quick Step Program of Interest:	<input type="checkbox"/> Culinary/Baking	<input type="checkbox"/> Culinary/Fundamentals	<input type="checkbox"/> Healthcare	
	<input type="checkbox"/> Supply Chain and Logistics	<input type="checkbox"/> CompTIA IT Fundamentals (ITF+) and Network+		

### COLLEGE COURSE(S) IN WHICH YOU PLAN TO ENROLL

Indicate semester/term you plan to enter:  Fall  Spring  Summer Session I  Summer Session II

DEPT.	COURSE NO.	SECTION	LOCATION	COURSE TITLE	INSTRUCTOR	CREDIT	DAY	TIME
<b>TOTAL CREDITS</b>								

My signature on this form affirms that I am academically prepared and/or meet the defined course pre/corequisites and any basic skills testing requirements. My signature also affirms an intention to attend the courses listed above. I acknowledge that my actions create a financial obligation to RCBC and I agree to pay all applicable charges by the due date established by the college. I understand and accept that my responsibility cannot be relinquished unless and until I complete the drop process online or submit a completed drop form prior to the first day of the semester/term.

Student Signature	Date
-------------------	------

### FOR STUDENTS CURRENTLY IN HIGH SCHOOL:

Parent / Guardian Signature	Relationship
-----------------------------	--------------

PRINT School Counselor/Principal Name	Signature	Date
---------------------------------------	-----------	------