

Second Look Day

Registration & Permission Form 2016-2017

First name _____ Last name _____ Home School _____

Street Address _____ City _____ Zip Code _____

Cell Phone: (_____) _____ PRINT E-Mail _____

Date to Visit DACC Dec. 15 Jan. 12 Jan. 26 Feb. 9 Feb. 23 March 9 March 30

INDIVIDUAL VISIT arranged by: _____ Date: _____ Time: _____ AM / PM
(DACC Staff Member)

NORTH CAMPUS

A.M. Visit Only | 7:55-10:47 am

Choose 1-2 Programs:

- Auto Collision Technology
- Automotive Technology
- Construction Technology
- Cosmetology
- Culinary Arts
- Early Childhood Education
- Equine Science * **Delaware County Fairgrounds**
- Fire Service Training
- Landscaping & Turf Management
- Power Line Technician
- Power Sports & Diesel Technology
- Welding & Sheet Metal Fabrication

SOUTH CAMPUS

A.M. Visits Only | 7:55-10:47 am

Choose 1-2 Programs:

- App Development/Programming
- Bioscience
- Food Service
- Health Technology
- Hospitality * **Willow Brook Christian Village**
- Digital Design
- Networking
- Law Enforcement
- Wildlife Resource Management

PM Visits Only | 11:27 am – 2:18 pm

- Engineering Technology
- Pharmacy Technician

*Equine Science Transportation:

Student **departs from** the **home school** at _____ am/pm to takes **bus #** _____ to **DACC North Campus**.

At 7:55 am North Campus students are transported to the Delaware County Fairgrounds on Delaware City **bus #9**.

Student will be **dismissed from DACC** at _____ am/pm to take the bus back to school.



Zoo School at Columbus Zoo and Aquarium
Visits only available during Open House



See Back Side for Permission Form

1. Completed form must be **turned in to your school guidance office** at least **3 days before the field trip**.
2. **Provide a copy** of the **permission form** to the **attendance office** at your high school.
3. Please **bring the form with you** upon entering the Delaware Area Career Center.

Teacher Permission

Teacher	Assignment	Teacher's Signature

Emergency Medical and Permission Form

In the event that reasonable attempts to contact me at the listed phone numbers have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by my preferred physician or dentist; and (2) the transfer of my child to my preferred hospital, or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Emergency Contact Information

Emergency Contact Name _____ Relationship to Student _____
Daytime Phone Number _____ Alternate Phone Number _____
Preferred Physician _____ Phone Number _____
Preferred Dentist _____ Phone Number _____
Preferred Hospital _____ Phone Number _____

Check here if you **do not** give consent for emergency medical treatment of your child. In the event of illness or injury requiring emergency treatment, school authorities should take no action or:

By signing below, you are giving your child permission to visit Delaware Area Career Center.
Sign below and return this form to the guidance counselor.

Signature of Parent/ Guardian

Date

Parent/ Guardian Name (Please Print)

Daytime Phone Number

If you have any questions, please contact:
Marsha Link 740.201.3215 linkm@DelawareAreaCC.org

The Delaware Area Career Center (DACC) affirms that equal opportunities are offered without regard to race, color, religion, sex, military status, national origin, disability, age, and ancestry of person. For more information, visit our website at www.DelawareAreaCC.org