

Second Look Day

Registration & Permission Form 2018-2019

PRINT First Name _____ **PRINT** Last Name _____

Street Address _____ Home School _____

City _____ Zip _____ Cell Phone: (____) _____

Personal E-Mail (*Do not use school issued e-mail address*) _____

Second Look Date: ___ Dec. 12, 2018 ___ Jan. 16, 2019 ___ Jan. 30, 2019
 ___ Feb. 13, 2019 ___ Feb. 27, 2019 ___ March 13, 2019

NORTH CAMPUS

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

- ___ Auto Collision Technology
- ___ Automotive Technology
- ___ Construction Technology
- ___ Cosmetology
- ___ Culinary Arts
- ___ Early Childhood Education
- ___ Equine Science* (**Delaware County Fairgrounds**)
- ___ Fire Service Training
- ___ Landscape & Turfgrass Management
- ___ Power Sports & Diesel Technology
- ___ Welding & Sheet Metal Fabrication

*Equine Science Transportation:

Delaware City School Shuttle Bus

After arriving at North Campus, students will board shuttle bus at 7:55 a.m. and be transported to the Delaware County Fairgrounds.

SOUTH CAMPUS

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

- ___ App. Development/Programming
- ___ Bioscience
- ___ Dental Assisting
- ___ Digital Design
- ___ Food Service
- ___ Health Technology
- ___ Hospitality (**Satellite Program**)
- ___ Law Enforcement
- ___ Networking
- ___ Pharmacy Technician
- ___ Wildlife & Resource Management
(**Satellite Program at Camp Lazarus**)

P.M. Visit Only | 11:27 a.m. - 2:18 p.m.

- ___ Engineering Technology

If you would like more information about the **Medical Assisting** program, please contact:

Kathy Tornes, School Counselor
740-201-2215 | TornesK@DelawareAreaCC.org

Mary Siekman, Enrollment Coordinator
740-201-3224 | SiekmanM@DelawareAreaCC.org

This form must be **completed** and **turned in to your school counseling office** **AT LEAST 3 days before the field trip.**

Please meet with your school counseling office to understand transportation procedures BEFORE the day of visit.

Zoo School at Columbus Zoo and Aquarium

Visits are available during

DACC OPEN HOUSE
December 6, 2018 | 5-7 p.m.

ZOO SCHOOL OPEN HOUSE
January 24, 2019 | 6-8 p.m.

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:

Medical Information

Please list any allergies: _____
Allergy treatment: _____
Please list any medication or any medical considerations: _____

Parent/Guardian Permission

By signing below, you are giving your child permission to visit Delaware Area Career Center. Sign below and return this form to the home school counseling office.

Signature of Parent/Guardian Date

Parent/Guardian Name (Please Print) Daytime Phone Number



If you have any questions, please contact:

Mary Siekman, Enrollment Coordinator, 740-201-3224, SiekmanM@DelawareAreaCC.org or
Tiffany McComas, Administrative Assistant to PR/Enrollment, 740-201-3216, McComasT@DelawareAreaCC.org