

Columbus State CC Visit | 9th -12th Grade

Friday, Feb. 23, 2018

8:00-10:45am, DACC South Campus & Columbus State CC- Delaware Campus

This college and career exploration experience is open to students in grades 9-12 from any DACC associate high school. DACC will provide transportation from South Campus to the event and return in time to take bus transportation back to each high school.

PRINT First Name: _____

PRINT Last Name: _____

Street Address _____

City _____ Zip _____ Cell Phone: (_____) _____

Personal E-Mail Address _____

Parent E-Mail Address _____

Please check your home school district

- | | |
|--|--|
| <input type="checkbox"/> Big Walnut | <input type="checkbox"/> Olentangy Liberty |
| <input type="checkbox"/> Buckeye Valley | <input type="checkbox"/> Thomas Worthington |
| <input type="checkbox"/> Delaware City | <input type="checkbox"/> Westerville Central |
| <input type="checkbox"/> Olentangy High School | <input type="checkbox"/> Westerville North |
| <input type="checkbox"/> Olentangy Orange | <input type="checkbox"/> Westerville South |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Worthington Kilbourne |

Please see back side for permission form

- Completed form must be **turned in to your school guidance office** no later than Wednesday, Feb. 21, 2018
- Provide a copy of the form to your attendance office at your high school for an excused absence.
- This visit to CSCC will be **8:00-10:47am**. DACC will provide transportation from DACC South Campus, 4565 Columbus Pike, Delaware or parents may drop their student off at Columbus State CC- Delaware Campus.
- Students departs from home school at _____am and takes bus number _____ to DACC South Campus. Student will be dismissed from DACC at _____am to take bus back to school.

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 _____
 Allergies or Special Health Considerations _____

____ 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:

Lisa-Marie Reinhart 740.201.3218 reinhartL@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