DACC | DELAWARE AREA CAREER CENTER

Ohio School for the Deaf – Sophomore Visit Day

Permission to visit DACC on Friday, November 17.

Student's Name: _____ Home Phone Number: (_____) _____

The student listed above has my permission to visit the **Delaware Area Career Center** with guidance staff on **Friday, November 17 from 8:30 a.m. – 2:00 p.m.**

- I understand my student will be traveling by school vehicle.
- I understand all academic work my student misses will need to be made up by the student by a deadline agreed on by their instructors (if applicable).
- I understand school rules and regulations are in effect during this activity.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Medical Authorization. Please check A or B below and fill in the blanks:

A. ___ **I DO** give my consent for emergency medical treatment.

Parent/Guardian: _____
- Cell: (_____) _____ Office Phone: (_____) _____

If parent cannot be reached, Emergency Medical Contact: _____
- Cell: (_____) _____ Office Phone: (_____) _____

Doctor/Physician: _____
- Office Phone (____) _____

Preferred Hospital: _____

List special medical needs: _____

B. ____ **I DO NOT** give my consent for emergency medical treatment - the school should take no action.

Or _____

Student's Commitment:

I, _____, am going on a field trip to the **Delaware Area Career Center** on **Friday, November 17, from 8:30 a.m. – 2:00 p.m.** I understand if I'm excused for this field trip I will make-up all assigned work for that day.

Instructor Approval:

2nd	
3rd	
4th	

5th	
6th	
7th	

8th	
9th	
10th	

PLEASE RETURN TO GUIDANCE OFFICE BY FRIDAY, NOVEMBER 3rd.

DACC | DELAWARE AREA CAREER CENTER

2017 Sophomore Tour Days

Friday November 17 | Monday November 20 | Tuesday November 21

☑ Home School

- ☐ Big Walnut
- ☐ Buckeye Valley
- ☐ Delaware Hayes
- ☐ Olentangy
- ☐ Olentangy Liberty
- ☐ Olentangy Orange
- ☐ Ohio School for the Deaf
- ☐ Thomas Worthington
- ☐ Worthington Kilbourne
- ☐ Westerville Central
- ☐ Westerville North
- ☐ Westerville South

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

Street Address _____

City _____ Zip _____ Cell Phone: (_____) _____

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

Let us know | How did you like our presentation today?

- ☐ *I am **very interested** in one or more of DACC programs and am excited about visiting.*
- ☐ *I am **somewhat interested** in one or more DACC programs.*
- ☐ *I am not interested in any of DACC programs.*

Rank your TOP 3 program interests

1 = FIRST choice | 2 = SECOND choice | 3 = THIRD choice

We do our best to schedule you into your 1st choice program.
However, due to the limited number of seats per class, we may schedule you into your 2nd or 3rd choice programs.
If you are unable to visit your 1st choice program, we invite you to visit DACC on Second Look Day.

- ☐ App. Development/Programming
- ☐ Auto Collision Technology
- ☐ Automotive Technology
- ☐ Bioscience
- ☐ Columbus Zoo & Aquarium ***(3.0 GPA entrance requirement)***
- ☐ Construction Technology
- ☐ Cosmetology
- ☐ Culinary Arts
- ☐ Dental Assisting
- ☐ Digital Design
- ☐ Early Childhood Education
- ☐ Equine Science ***(Delaware County Fairgrounds)***
- ☐ Fire Service Training
- ☐ Health Technology
- ☐ Landscaping & Turfgrass Management
- ☐ Law Enforcement
- ☐ Networking
- ☐ Power Line Technician
- ☐ Power Sports & Diesel Technology
- ☐ Welding
- ☐ Wildlife & Resource Mgnt. ***(Camp Lazarus)***