



Olentangy High School – Sophomore Visit Day

Permission to visit DACC on Tuesday, November 21.

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

The student listed above has my permission to visit the **Delaware Area Career Center** with guidance staff on **Tuesday, November 21 from 9 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 **Tuesday, November 21, from 9 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:

2 nd	
3 rd	
4 th	

5 th	
6 th	
7 th	

8 th	
9 th	
10 th	

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 | ☐ Olentangy | ☐ Ohio School for the Deaf | ☐ Westerville Central |
| ☐ Buckeye Valley | ☐ Olentangy Liberty | ☐ Thomas Worthington | ☐ Westerville North |
| ☐ Delaware Hayes | ☐ Olentangy Orange | ☐ Worthington Kilbourne | ☐ 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 | ☐ Early Childhood Education |
| ☐ Auto Collision Technology | ☐ Equine Science (Delaware County Fairgrounds) |
| ☐ Automotive Technology | ☐ Fire Service Training |
| ☐ Bioscience | ☐ Health Technology |
| ☐ Columbus Zoo & Aquarium (3.0 GPA entrance requirement) | ☐ Landscaping & Turfgrass Management |
| ☐ Construction Technology | ☐ Law Enforcement |
| ☐ Cosmetology | ☐ Networking |
| ☐ Culinary Arts | ☐ Power Line Technician |
| ☐ Dental Assisting | ☐ Power Sports & Diesel Technology |
| ☐ Digital Design | ☐ Welding |
| | ☐ Wildlife & Resource Mgmt. (Camp Lazarus) |