

2019 Sophomore Visit Days



Friday, November 22	Monday, November 25	Tuesday, November 26
<input type="checkbox"/> Worthington Kilbourne <input type="checkbox"/> Thomas Worthington <input type="checkbox"/> Olentangy Orange <input type="checkbox"/> Westerville City Schools <input type="checkbox"/> Ohio School for the Deaf	<input type="checkbox"/> Olentangy Liberty <input type="checkbox"/> Olentangy Berlin <input type="checkbox"/> Delaware Hayes	<input type="checkbox"/> Big Walnut <input type="checkbox"/> Buckeye Valley <input type="checkbox"/> Olentangy

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 your interest level in DACC:

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

- | | |
|---|--|
| <input type="checkbox"/> App. Development/Programming | <input type="checkbox"/> Equine Science (Delaware County Fairgrounds) |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Exercise Science |
| <input type="checkbox"/> Auto Collision Technology | <input type="checkbox"/> Fire Service Training |
| <input type="checkbox"/> Bioscience | <input type="checkbox"/> Health Technology |
| <input type="checkbox"/> Columbus Zoo & Aquarium (3.0 GPA entrance requirement) | <input type="checkbox"/> Landscape Architecture & Construction |
| <input type="checkbox"/> Construction Technology | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Medical Assisting |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Cybersecurity | <input type="checkbox"/> Power Sports & Diesel Technology |
| <input type="checkbox"/> Dental Assisting | <input type="checkbox"/> Welding & Sheet Metal Fabrication |
| <input type="checkbox"/> Digital Design | <input type="checkbox"/> Wildlife & Resource Management (Camp Lazarus) |
| <input type="checkbox"/> Early Childhood Education | |

If you are unable to visit your 1st choice program, we invite you to visit DACC on Second Look Day.

Forms are due back to student's home school counselors by Thursday, October 17, 2019

www.DelawareAreaCC.org

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 _____

Please list any allergies: _____

Allergy treatment: _____

Please list any medication that the student takes: _____

Please list any medical conditions that the student has: _____

___ 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:

Parent/Guardian Permission

- 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 the activity.

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

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**Join us for DACC's Open House
DECEMBER 5 | 5-7 p.m.**

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