



DELaware AREA
CAREER CENTER

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careers today.

Mary Beth Freeman, Superintendent
Christopher Bell, Treasurer

TO: DACC Parent(s)/Guardian(s) and Students
FROM: David Gilliam, Student Services Supervisor
RE: Sophomore Visit Days
DATE: October 2018

Dear Parent(s)/Guardian(s) and Student:

Your son/daughter, _____, has been selected to represent the Delaware Area Career Center during "Sophomore Visit Days", which this year is being held on Friday, November 16th, Monday, November 19th and Tuesday, November 20th.

Chosen student assistants must return the permission form below in order to assist their instructor on these days. Students must stay the entire school day unless they are half-day students. By signing the permission form you are aware of and agree to this school leadership opportunity. Please be aware that your child will be exempt from the lab program assignments and job shadowing experience because of this leadership opportunity. However, if your student attends full day he or she will not be exempt from their academic assignments. Students not chosen as helpers will have alternative assignments to be completed outside of the school setting. Therefore, in the event your student is ill or absent, he or she will be expected to complete the alternate assignment provided by their DACC instructor.

Should you have questions about these expectations or the "Sophomore Visit Days" leadership opportunity, please contact your student's lab program instructor.

Thank you in advance for allowing your student to support "DACC Sophomore Visit Days".

Sincerely,

David Gilliam
Student Services Supervisor

The Delaware Area Career Center, in partnership with community, is an innovative model for developing lifelong learners, quality leaders, and critical thinkers for the dynamic and global environment.

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www.DelawareAreaCC.org



Student Assistant Form for "Sophomore Visit Days"
Delaware Area Career Center
November 16th, 19th and 20st 2018

Date: _____

Career Technical Program Name: _____

Student Name: _____

Student Signature: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s)
Signature(s): _____

CTE Program Instructor Signature: _____