



APPLICATION FOR ADMISSION

Students: Please make sure **you and your parents** sign your application. Submit your completed application to your home school guidance counselor.

Home school student number: _____

Legal Name: _____
Last First Middle Initial

City of Birth: _____ D.O.B. _____

Personal Information

Address: _____
Street City Zip

Home phone: _____ Student E-mail Address: _____

Ethnic Background (check one)

- African-American
- American Indian
- Asian
- Caucasian
- Hispanic
- Other (Please specify) _____

Language Spoken in Home (check one)

- English
- Other (please specify) _____

Home School (check one)

- BVHS TWHS
- BWHS WKHS
- DH WCHS
- OHS WNHS
- OLHS WSHS
- OOHS Other: _____

Gender (check one)

- Male
- Female

Current Grade (check one)

- 9th
- 10th
- 11th
- 12th

Parent/Guardian Information (mother):

Name: _____

Work phone: _____ Cell phone: _____

E-mail address: _____

Address: _____
(If living separately from student's primary residence)

Parent/Guardian Information (father):

Name: _____

Work phone: _____ Cell phone: _____

E-mail address: _____

Address: _____
(If living separately from student's primary residence)

Program of Interest

Each student must visit the Career Center prior to admission. Please check which of the following you have attended.

_____ School to Career Day _____ Visit with DACC counselor
 _____ Open House _____ Other: _____

I will be attending the Delaware Area Career Center for my academic classes. Yes No

Please put a number 1 next to your first program choice, and a number 2 next to your second choice.
 NOTE: We try to place all qualified applicants in their first choice.

Transportation Center

- _____ Automotive Essentials
- _____ Automotive Technologies
- _____ Collision Repair (senior program)

Manufacturing Center

- _____ Electrical Technologies
- _____ Electronics
- _____ Welding and Sheet Metal Fabrication

Human Services

- _____ Cosmetology
- _____ Culinary Arts
- _____ Early Childhood Education
- _____ Food Service
- _____ Hospitality

Information Technology

- _____ Information Technology Academy
- _____ Microsoft Information Technology Academy

Agricultural and Environmental Systems

- _____ Columbus Zoo and Aquarium School
- _____ Environmental Technologies
- _____ Equine Science
- _____ Industrial Diesel Mechanics
- _____ Landscaping and Turfgrass Management

Construction Center

- _____ Architecture and Engineering Technologies
- _____ Construction Technologies
- _____ Electrical Technologies
- _____ Facility Maintenance

Health and Public Safety

- _____ Dental Assisting
- _____ Fire Service Training
- _____ Health Technologies
- _____ Law Enforcement
- _____ Medical Office

Sophomore Programs

- _____ Career Focused Soph. Program
- _____ Career Graphics

Senior Programs

- _____ Pre-Professional Internship
- _____ Teacher Academy
- _____ Project Search

Essay Questions

Please respond to the following questions.
Please type or neatly write your answers and include them with the application.

1. What do you expect to learn in the lab you selected?
2. What experiences have you had that would contribute to your success in the lab?
3. When you look into the future, what do you see for yourself?

Signatures

Student Signature: _____

Parent Signature: _____

Parent Signature: _____



You have finished your part of the application.
Please take the application to your home school
counselor to be completed and forwarded to
the Delaware Area Career Center.

To Be Completed By The Home School Counselor

Attendance: Please indicate
number of days absent

_____ 9th grade 20__ - 20__
_____ 10th grade 20__ - 20__
_____ 11th grade 20__ - 20__
_____ 12th grade 20__ - 20__

Current GPA: _____

Please attach transcript and most recent report card

Credits earned prior

to this school year: _____

If a student is receiving services on an IEP or 504 Plan, a copy of the IEP and MFE or 504 is needed prior to enrollment to ensure the services included on the IEP continue to be provided. Please note when the above information will be sent if not attached.

Please note any extenuating circumstances or additional comments: (e.g. medical/behavioral)

Home School Counselor Signature: _____ Date: _____

Completed applications should be sent to:
Michael Heath, Pupil Services Supervisor
Delaware Area Career Center
1610 State Route 521
Delaware, OH 43015



NOTE: Application is NOT VALID without home school counselor's signature

It is the policy of the Delaware Area Career Center that educational activities, employment, programs, and services are offered without regard to race, color, national origin, sex, religion, handicap or age. For additional information visit our web site at

www.DelawareAreaCC.org