



Important: This completed form must be received by DSU if you plan to attend Hornet Days.

**YOU WILL NOT BE ALLOWED ON THE BUS OR TO PARTICIPATE IN THE DAY,
IF WE HAVE NOT RECEIVED YOUR COMPLETED PERMISSION SLIP.**

Please print and hand deliver when you get on the bus or print and fax the form to 302-857-6352. **Please print legibly.**

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Home Number

Cell Number

2011 Hornet Days Schedule: Please choose which date you would like to attend below.

- ☐ **Delaware** Friday, November 4, 2011
☐ **Maryland, DC, Virginia** Friday, February 17, 2012
☐ **New York** Tuesday, February 28, 2012

- ☐ **Pennsylvania** Friday, February 3, 2012 _____
☐ **New Jersey** Friday, February 24, 2012 _____

Parent's Section

PLEASE NOTE: Visiting students will not be chaperoned by faculty, staff or other University administrators at all times. Visiting students will be hosted by a student currently enrolled at DSU. Please carefully read and sign the following:

I hereby authorize any actions which may be advised/recommended by a physician or other health care provider attending my child during the activities described in the itinerary. I hereby assume all risks to me or my child or personal injury and property damage or loss related to Hornet Days for Prospective Students activities. I agree to indemnify and hold harmless DSU, its trustees, officers, agents and employees from and against any and all claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising or claimed to have arisen out of any injuries or damages sustained by my child or me, regardless of cause (including negligence on the part of any person identified above) and any injuries or damages received or sustained by the University or any other person or persons or property, as a result of intentional or negligent acts or omissions of my child or me. I also give DSU permission to utilize any photograph of my child for promotional use. I understand that my child must abide by all DSU rules and regulations, including its Code of Conduct. I understand that my child's failure to adhere to such rules and regulations may result in immediate dismissal from the DSU Hornet Days for Prospective Student activities and that I will be responsible for providing transportation for my child's return home upon my receipt of notice of such dismissal.

I have read and understand the above notice pertaining to my student's involvement in DSU Hornet Days. I give my child permission to ride the bus reserved by DSU to and from the DSU Hornet Days for prospective student activities.

Parent Signature Date

Daytime Contact Number of Parent | Evening Contact Number of Parent

Counselor's Section

I support _____'s decision to participate in DSU Hornet Days for prospective
(Students Name)

students on _____ at Delaware State University. I believe that he/she will exhibit exemplary
(Date of Visit)

character, leadership and would benefit by attending. I recommend this student without any reservation.

Cumulative weighted GPA: _____

If applicable: SAT Math Score _____ Critical Reading Score _____ and/or ACT Composite Score _____

I certify that this student meets the University's minimum admissions requirement of a 2.0 cumulative GPA and 800 SAT (math and critical reading).

Counselor's Signature Date

High School Contact Number of Counselor

Thank you for your interest in visiting Delaware State University for Hornet Days!