FREE ADMISSION

Come join us at the 38th annual...

ANCHORAGE, ALASKA COLLEGE & CAREER 2019 Fair

Alaska Airlines Center (AAC) • 3550 Providence Drive

Come meet representatives from colleges, universities, and vocational schools from around the country, as well as private and public employers.

SUNDAY OCTOBER 13, 2019

1:00pm - 4:00pm – Main Fair in AAC

1:30pm - 3:00pm – Workshops

Free Informational Workshops

WORKSHOP SCHEDULE
Meet at the Alaska Airlines Center (AAC)

1:30 - 2 pm	College Admissions	Learn the Who, What, When, Where, Why, and How about college admissions and enrollment.
	Financial Aid	Discover the different types of financial aid and its processes including but not limited to scholarships, grants, loans, FAFSA, and work study programs.
2:30 - 3pm	College Admissions	Learn the Who, What, When, Where, Why, and How about college admissions and enrollment.
	Financial Aid	Discover the different types of financial aid and its processes including but not limited to scholarships, grants, loans, FAFSA, and work study programs.

MONDAY OCTOBER 14, 2019

9:00am-12:00pm – Main Fair in AAC

Visit with the school or program of your choice

Facilitated by Career Services & Enrollment Services

For information please call 907-786-6913 or go to uaa.alaska.edu/collegefair

ANCHORAGE SCHOOL DISTRICT
ANCHORAGE, ALASKA

Parent Permission for Activities and Authorization for Emergency Medical Treatment

To: Steller Secondary School (Name of school) Date: _____

I/we hereby give permission for our son/daughter _____

to attend the College Fair (Activity)

in UAA Alaska Airlines Center (Location) on Monday Oct. 14, 2019 (Date)

I/we understand that he/she will be traveling to this function via bus and that proper supervision and chaperoning will be provided by the Anchorage School District.

It is agreed that _____ (Student name)
will abide by all rules and regulations imposed by the School District authorities.

I/we consent to any emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my son/daughter by a licensed physician, dentist, qualified nurse or hospital in the event of injury or illness while he/she is participating in the above stated activity. I/we understand that the district will assume no liability or costs for such emergency transportation and medical treatment. I/we also understand that the Anchorage School District does not carry accident medical insurance for students and that such insurance coverage is my responsibility.

Dated in _____, Alaska, this _____ day of _____, 2_____.

_____
Signature of Parent or Guardian

_____
Signature of Student