December 13, 2021

Dear Parent/Guardian,

The Eastern Center for Arts and Technology (EASTERN) offers career and technical programs that prepare students for success. Whether going to college or beginning a career after high school, EASTERN can build skills that will lead to a rewarding future. We want to invite your child to EASTERN’s Career Expo offered through your high school as a career exploration opportunity.

Please complete and return the enclosed permission form to your child’s guidance counselor by January 20, and then they will have the opportunity to participate in EASTERN’s Career Expo visitation on February 3 from 12:15 to 2:15 p.m. At this time, we are planning for an in-person event, but we will adhere to Department of Health guidelines as they reflect the level of COVID-19 transmission. Students interested in attending the visit should also complete a brief online survey on the top right-hand side of EASTERN’s website – https://eastech.org/.

Career Expo will provide your child with an opportunity to –
- learn about EASTERN’s career preparation programs
- learn in-depth details about occupations that may be of interest to your son or daughter
- learn about college credit options available during and after high school

As a follow-up to Career Expo, please stop by during our Open House on Sunday, February 27, 2022, from 1:00 to 3:30 p.m. EASTERN is located at 3075 Terwood Rd. in Willow Grove. All of EASTERN’s programs will be showcased so you and your child can see all areas of interest. If the parking lot is full, please park across the street at Upper Moreland High School. A shuttle bus will be available.

Don’t miss out on the option for your child to attend EASTERN in 11th and 12th grades. Check out EASTERN’s website at www.eastech.org; and become a fan on Facebook – www.facebook.com/EasternCenter.

Please contact me with questions or to register for a tour at 215-784-4806, or ashields@eastech.org.

Sincerely,

Mrs. Amy Shields
Marketing and Recruitment Coordinator
EASTERN
Eastern Center for Arts and Technology/Cheltenham School District
FIELD TRIP MEDICAL INFORMATION AND PERMISSION FORM

Student Name: _________________________________________   Grade: ___

Location of Field Trip/Date/Hours:  EASTERN, Willow Grove, PA - 2/3/22 12:15-2:15 pm
(Tentative based on COVID-19 Restrictions)

Please list your 3 program choices:     #1 ____________#2 _____________#3 ______________
(Allied Health, Automotive Tech., Business & Technology Professional, Collision Rep. Tech., Commercial Art,
Construction Tech., Cosmetology, Culinary Arts., Exercise Science & Rehabilitation, Elect. Tech., HVAC.,

Completed Form must be returned by:   January 20, 2022 to your Guidance Counselor

Father/Guardian Name: ________________________________
____________________          ____________________          ____________________
Home #                                      Work #                                        Cell #

Mother/Guardian Name: _______________________________
____________________          ____________________          ____________________
Home #                                        Work #                                         Cell #

In case of an emergency, if unable to reach parent/guardian, notify:

Name:  ____________________________________ Relationship: _______________________

Phone Numbers:  __________________         ___________________          _________________
Home                                     Work                                       Cell

List any medications to be administered on the trip: (If none, you must write “NONE” in the
appropriate space):
____________________________________________________________________________

List any allergies (bee stings, medication, food, etc.): (If none, you must write “NONE” in the
appropriate space):
____________________________________________________________________________

List any serious medical conditions:  (If none, you must write “NONE” in the appropriate space):
____________________________________________________________________________

List any medications presently taken:  (If none, you must write “NONE” in the appropriate
space):
____________________________________________________________________________

In the event of any emergency, School District personnel may authorize emergency medical treatment for my child as I give
permission for my child to participate in the field trip described above. I agree that my child will adhere to established
standards of conduct. I understand that the school is not responsible for damage or loss of property personally owned by my
child.

Signature of parent/guardian: _____________________________________ Date: __________