

Permission Slip Packet

Welcome to the 2016-17 school year at DVC. This packet contains a grip of permission slips that we wanted to give you all at once to save everyone some time later in the semester. Please read all pages and return all signed forms to the teacher who distributed the forms to you by **Friday, August 26th**.

Please return this entire packet to your teachers. Though we need the entire packet, you can pick up an extra packet for your records at the main office, or access this packet on the DVC blog:

<http://dvc.davincischools.org/>

This permission slip packet contains the following forms:

1. Handbook (available at <http://dvcportal.weebly.com>) notes and dress code
2. Computer use agreement
3. Overnighter permission slip (9th grade only)
4. 72andSunny permission slip, in which you are allowing your student to be included in photographs in exchange for the ability to participate in 72andSunny field trips and activities
5. MLC permission slip, which details how our math department is working with Loyola Marymount University
6. DVIA walking field trip permission slip
7. Classroom video and film permission slip (10th, 11th and 12th grade)

Student Name: _____

Grade: _____

Parent Name: _____

Students please return this packet to:

by Friday, 8/26.

Handbook Notes

Please read our DVC handbook, available on the DVC blog (<http://dvc.davincischools.org>) and the DVC portal (<http://dvcportal.weebly.com>).

We wanted to highlight a few pieces of the handbook that most commonly affect day to day life at school for students. First, our dress code had changed:

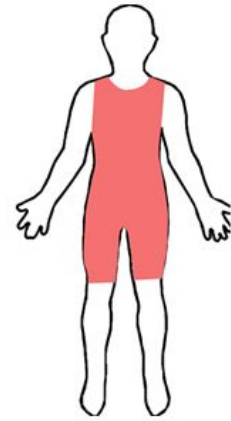
DVC Dress Code 2016-17

Acceptable

- Shirts (t-shirts, polos, button-downs,
- Da Vinci apparel)
- Pants (Khaki pants, slacks, jeans)
- Shorts, skirts, dresses (no shorter than mid-thigh)
- Leggings, jeggings or tights (as long as they are paired with a top, skirt, or dress that is mid-thigh in length)
- Collared blazers, jackets or sweatshirts (Da Vinci, college, sweaters, jean jackets, track jackets, etc. with school appropriate tops underneath)
- Close-toed shoes, sandals or professional footwear

Unacceptable

- Indecent exposure of any kind (midriffs, low-cut tops, large rips in jeans, etc.)
- Skirts, dresses and shorts that are shorter than mid-thigh, with or without leggings/tights/stockings underneath
- Spaghetti strap tops
- See-through shirts of any kind, unless paired with an acceptable top underneath
- Pajamas
- Inappropriate content of any kind
- Hats, beanies or caps in class, unless otherwise stated by the teacher



Second, please note that we do not allow students to order outside food for lunch. This includes ordering pizza, ordering from app food delivery services, or any other professional food delivery service. If a parent or family member would like to drop off food for their student, you are welcome to, but we will not call students out of class to get the food. You may leave the food on the table in the office, and alert your student at lunch to come get the food.

Students: I have read and agree to follow school procedures outlined in the Student and Parent Handbook.

Parents: I have read and understand the Student and Parent Handbook.

Student Name: _____ Grade: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Computer Use

At DVC, all students are given access to a Chromebook to complete their schoolwork, projects and homework. Chromebooks are assigned to individual students, and students can keep these Chromebooks in charging carts or in their backpacks during the day, depending on grade level policies.

For a full computer use agreement, see the handbook at <http://dvc.davincischools.org>.

Please check one of the following boxes:

- My student will be bringing their own computer to school. Please do not issue a Chromebook to them so that they are not responsible for that technology.
- My student will be using a Chromebook at school, but
- My student will be using a Chromebook at school, and will need to use this Chromebook at home as well. Please allow them to take their computer home with them in the evenings to do schoolwork, homework and projects.

I understand that the use of school technology, including a Chromebook is a privilege, and that technology use, including access to a Chromebook, can be restricted or terminated based on misuse of any school technology.

I understand that while Da Vinci Schools institutes a web filter on campus, no filter can prevent all efforts by individuals to circumvent the filter's prohibitions. As a student, I promise not to circumvent the web filter and access blocked content or websites. I also understand that Da Vinci does not filter any web content once the Chromebook leaves a Da Vinci campus, or is not connected to the Da Vinci network. **Computer use by a student at home is not filtered, and is the responsibility of the family to monitor.**

I have read the handbook section on computer use and (students) agree to its terms or (parents) understand its content.

Student Name: _____ Grade: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Child's Name: _____

PARTICIPATION AND APPEARANCE RELEASE

As of August 15, 2016

Re: Da Vinci Schools/72andSunny

Dear Parent,

As you may know, the advertising agency 72andSunny Partners LLC (the "Agency") has been working with us at Da Vinci Schools (the "School") on various programs for the students over the past year, including by offering mentoring programs and volunteer opportunities for the students and hosting speaker sessions and other activities at the Agency and at other locations in connection with their Brand Citizenship Project (the "Activities").

We are delighted to announce that we will be continuing to offer the students the opportunity to participate in such Activities with the Agency for the remainder of 2016 and throughout 2017. In order for your child to participate in the Activities, we ask that you please sign below to indicate your agreement to the following:

1. I understand that my child named below will be participating in the Activities and I give permission for my child to participate in the Activities. I understand that although certain employees of the School may accompany my child to the Activities and may be supervising the Activities, primarily employees of the Agency may run them. I also understand that although some of the Activities will take place on the School premises, others may take place at the Agency's offices, which are located at 12101 W. Bluff Creek Drive, Playa Vista, CA 90045, or at locations off-site.
2. My child does not suffer from any medical condition, ailment, or other condition which could in any way limit his or her ability to participate in the Activities or which could or might cause injury to him or her as a result of his or her participation in the Activities. I hereby assume full responsibility for all risks which may be associated with, and all injuries which may occur to my child in connection with, his or her participation in the Activities. I hereby release and hold harmless the School, the Agency, and their respective officers, directors, employees (including, without limitation, any employees of the School or Agency that accompany my child to the Activities), others working for them on their behalf, and students from and against any and all damages, losses, claims, actions, demands, liabilities, injuries, or accidents (including, without limitation, any claims for personal injuries or deaths and any claims based on any negligent acts, omissions, or other fault on the part of any of the parties connected with, or who participate in, the Activities), costs, and expenses (including, without limitation, reasonable attorneys' fees) resulting from, or in any way connected with, my child's participation in the Activities.
3. I understand that the Agency and other working for them or on their behalf may document, photograph, film and record, and may have in the past documented, filmed, and recorded, my child's participation in the Activities, such past and future documents, films, and recordings to be referred to as the "Photographs and Films". I agree that the Agency and Agency partners may use my child's image, voice, and likeness as such appear in the Photographs and Films, which may be edited or altered and combined with other materials as Agency so chooses (the "Materials") for advertising and public relations purposes.

4. During the course of participation in the Activities, I acknowledge that I and/or my child may be provided with or learn information relating to the business of the Agency that is not generally known or that, by its nature, confidential information relating to the business, practices and clients of Agency and their respective affiliates, including, without limitation, financial records, marketing and communications strategies, advertising materials and concepts, media and public relations strategies, products, processes and operations, trade secrets and other proprietary information. I hereby agree to keep all such information confidential and not disclose any such information to any third party without Agency's express written consent.

5. I agree that I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, distortion, faulty reproduction, illusory effect or use in any composite form of my child's image, voice and likeness. I understand and agree that the Agency is not required to use my child's image, voice, or likeness. I understand that the School and/or the Agency may be proceeding with the production, distribution and exploitation of the Materials and any advertising, promotion, publicity or other materials produced in connection with the Materials in reliance upon and induced by my signing this consent and release. I agree that I shall not have the right to terminate or rescind this consent and release or to enjoin or restrain the distribution, exhibition or exploitation of the Materials or any advertising, promotion, publicity or other materials produced in connection with the Materials.

6. I have the full right and authority to grant the rights granted hereunder. I agree that this release does not in any way conflict with any existing commitment on my part, or on behalf of my child.

7. This Agreement contains the entire understanding between the parties and may not be altered or waived except by a writing signed by both parties. This Agreement will be governed by the laws of the State of California applicable to contracts executed and to be performed entirely in the State of California.

Agreed:

Child's Name

Signature of Parent or Legal Guardian

Date

Name of Parent or Legal Guardian

Day and Evening Phone Numbers

Additional Parent or Guardian

Day and Evening Phone Numbers

Additional Emergency Contact Person

Day and Evening Phone Numbers

July 19, 2016

Dear parent or guardian,

Da Vinci Schools district is participating in a math teacher professional development program called Math Leadership Corps (MLC) run by the Loyola Marymount University. To determine if the program is working, SmartStart Evaluation and Research is studying the effects of the MLC program.

We are asking all students attending Da Vinci Communications and Da Vinci Design to participate in this study. Your child's participation in this research study is voluntary. If they participate, any information we receive from them will be confidential and will not include identifying information.

What is Math Leadership Corps (MLC)?

Math Leadership Corps (MLC) partners with school districts to train math teachers. Teachers who participate in the MLC program receive two years of intensive training in instructional methods aligned with the Common Core State Standards in Mathematics. By doing so, we expect that student engagement and achievement in math will increase.

Why is this research study being done?

This study will examine the impact of the MLC program on teaching and teacher leadership in your school district. This study will also help determine if the program has an impact on student learning in math.

What will happen if my child takes part in this research study?

If you agree to allow your child to participate in this study:

- We will ask him/her to take an in-class, online survey in the beginning of the school year and at the end of the school year. Your child will receive the survey for up to three years as long as he/she stays in the Da Vinci Schools. The survey will ask questions about the student's attitude toward math, such as "I can usually describe how I found an answer to a long problem."
- We will ask the school district to provide standardized math test scores to assess district level student achievement.

What else will happen if my child's teacher participates in the MLC training program?

If your child's teacher participates in the MLC program:

- We will visit your child's classroom in the beginning of the school year and at the end of the school year to measure the teacher's growth in math instruction. School staff will visit the classroom at the beginning and end of the school year as well to determine how overall student discussions about math change over the year. The information collected through this process will not be tied to any individual student.
- The participating teacher may be videotaped, audiotaped, and/or photographed in the process of the research. However, these tapes and photographs will be used for teaching and/or research purposes only, and your child's identity will not be disclosed. The tapes and photographs will be destroyed after the research project is completed. You have the right to review the tapes and photographs made as part of the study to determine whether they should be edited or erased in whole or in part.

Will information about my child's participation be kept confidential?

Any information that is obtained in connection with this study and that can identify your child will remain confidential. It will be disclosed only with your permission or as required by law.

Confidentiality will be maintained in the following ways:

- We will use only student ID numbers to track surveys and standardized math test scores. No names will be kept in our data.
- We will not report any individual survey responses. We will aggregate all data from surveys, test scores, and observations and report findings only as a group (by grade, by school, or by district).

- We will keep all data in a password-protected computer and only the designated SmartStart staff listed below will have access to the data:
 - Linda Lee, Ph.D., Senior Evaluator and Lead Researcher
 - Kartik Jha, M.A., Evaluation Associate
 - Bryan Maekawa, M.A., Research Assistant

Are there any potential risks or discomforts that my child can expect from this study?

There are no anticipated risks or discomforts.

Are there any potential benefits to my child if he or she participates?

Your child will not directly benefit from his/her participation in the research.

The results of the research may help better understand how math teacher professional development impacts math instruction, student learning, and organizational change in school districts. The results of this research can be used to outline a preferred model for training math teacher leaders.

What other choices do I /my child have if my child does not participate?

The only alternative is not to participate in the study.

What are my and my child's rights if he or she takes part in this study?

At this end of this document you will find the "Experimental Subjects Bill of Rights." In summary,

- You can choose whether or not you want your child to be in this study.
- You may withdraw your permission and discontinue your child's participation at any time.
- Whatever decision you make, there will be no penalty to you or your child, and no loss of benefits to which you or your child were otherwise entitled.
- Your child may refuse to answer any questions that he/she does not want to answer and still remain in the study.

Who can I contact if I have questions about this study?

- **The research team** – If you have any questions, comments, or concerns about the research, you can talk to one of the researchers. Please contact:
Linda Lee, Ph.D., Senior Evaluator
SmartStart Evaluation and Research
4482 Barranca Parkway, Suite 220, Irvine, CA 92604
(949) 396-6053 | llee@smartstartecs.com
- **Loyola Marymount University Institutional Review Board Office** – If you have questions about your child's rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, please contact:
David Moffet, Ph.D., Chair
Institutional Review Board
1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles, CA 90045-2659
(310) 258-5465 | david.moffet@lmu.edu

If you would like your child to participate in this research study, please sign the included "Parent Informed Consent Form" and return to your grade level teacher collecting permission slips.

LOYOLA MARYMOUNT UNIVERSITY
Parent Informed Consent Form

Date of Preparation: July 19, 2016

Mathematics Leadership Corps Project

1. I hereby authorize Linda Lee, PhD, to include my child at this school in this research study: Math Leadership Corps Project.
2. I understand that my child has been asked to participate in this research study because he/she is attending a school in the Da Vinci Schools district and this district is participating in the study.
3. I understand that if my child participates,
 - He/she will be asked to complete an online survey at the beginning and end of the school year about his/her attitude towards math.
 - The district will provide standardized math test scores to the researchers.
4. I understand that if my child participates AND his/her teacher participates in the training program,
 - The researchers will come to my child's classroom at the beginning and end of the school year to see if his/her teacher is improving instruction.
 - School staff will come to my child's classroom at the beginning and end of the school year to see how student classroom discussions change over the year.
 - My child's teacher may be videotaped, audiotaped, or photographed.
5. I understand that the study described above involves no risks to students, and that the possible benefits of the study are a better understanding of how professional development impacts teacher effectiveness.
6. I understand that my child has the right to refuse to participate in, or to withdraw from this research at any time without prejudice or repercussions. I also understand that my child has the right to refuse to answer any question that he/she may not wish to answer.
7. I understand that no information that identifies my child will be released without my separate consent except as specifically required by law.
8. I have received a copy of the "Experimental Subject's Bill of Rights" and a letter describing the research project.

Student Name (Please print clearly) _____

Student ID (Please print clearly) _____

Signature of Mother/Father/Guardian _____ Date _____

If you have any questions, concerns, or comments, please contact:

David Moffet, Ph.D., Chair
Institutional Review Board
1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles, CA 90045-2659
(310) 258-5465 | david.moffet@lmu.edu

Experimental Subjects Bill of Rights

Pursuant to California Health and Safety Code §24172, I understand that I have the following rights as a participant in a research study:

1. I will be informed of the nature and purpose of the experiment.
2. I will be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
3. I will be given a description of any attendant discomforts and risks to be reasonably expected from the study.
4. I will be given an explanation of any benefits to be expected from the study, if applicable.
5. I will be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous and their relative risks and benefits.
6. I will be informed of the avenues of medical treatment, if any, available after the study is completed if complications should arise.
7. I will be given an opportunity to ask any questions concerning the study or the procedures involved.
8. I will be instructed that consent to participate in the research study may be withdrawn at any time and that I may discontinue participation in the study without prejudice to me.
9. I will be given a copy of the signed and dated written consent form.
10. I will be given the opportunity to decide to consent or not to consent to the study without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on my decision.



DVIA WALKING FIELD TRIP PERMISSION FORM AND WAIVER

Your child has received charter school approval to participate in a field trip. Under the California Educational Code and Board Policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips are always under the supervision of at least one teacher and/or school administrator, or certified athletic coach in the case of a same day athletic event, and all precautions are taken to ensure each student's welfare.

Student Name: _____

Field Trip Location and Address:

The trip will depart from and return to: Da Vinci Communications 12495 S. Isis Ave., Hawthorne, CA 90250

Field Trip Dates: To be determined. Notice will be provided by teachers at least 24 hours ahead of time.

Trip Description: Students will be walking to Da Vinci Innovation Academy (DVIA) to read or teach elementary school students.

Group attending:

Number of Students: 68

Items Student Should Bring:

- Shoes to walk 1 mile

Names of staff attending: Grade level teachers

Transportation: Walking

Parents:

Do you give you child permission to take field trips to DVIA this school year, walking the approximately 1 mile to the elementary school campus, with a teacher chaperoning?

- Yes, I give permission for my child to walk to DVIA when parents are given 24 hours notice, but without any further permission slips.

Parent Name: _____

Parent Signature: _____

Please complete the emergency contact information and sign the reverse side of the form in order to give your child permission to attend this school field trip

WAIVER OF CLAIM: I understand that AB 766 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the Charter School for injury, illness or death occurring during or by reason of the field trip or excursion. I therefore acknowledge that as a condition of my son/daughter/ward participating in said activity, I hold harmless and waive any and all claims against the Charter School and the CCSA JPA (and their officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers or employees of the Charter School, for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

1. I understand this field trip is optional and attendance by my child is not required and that an alternative activity at Charter School will be provided if I do not give permission for my child to participate.
2. I understand that all students going on this trip will be responsible in conduct to the bus driver(s), to teachers, and, if applicable, adult sponsors at all times.
3. I understand that all field trips begin and end at the School and that all students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, site administrator, or teacher.

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

PARENT/LEGAL GUARDIAN SECTION: MUST BE COMPLETED

Print Name(s) of Parent/Legal Guardian: _____

Parent/ Legal Guardian Work Phone: _____

Parent/ Legal Guardian Work Phone: _____

Emergency Contact Person: _____

Emergency Phone Number: _____

Pagers, cell phones, e-mail: _____

Physician/Health Insurance Name: _____

Policy Number: _____

Phone: _____

Student's Critical Medical Needs/Allergies/Conditions: _____

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the trip described above.

Student Name: _____

Date: _____ **Parent /Legal Guardian Signature:** _____

Parent /Legal Guardian Name: _____

DVC English and Cinematic Arts

Classroom Video Policy and Permission Form

As students of film, video, and emerging media, it is important to study works produced by respected members of these communities. Periodically, television programs and films will be screened in part or whole for the purpose of explaining key concepts and techniques having to do with the course. Some of these “texts” may contain scenes that may be characterized as “mature subject matter” due to language, violence, nudity or other mature subject matter. However, all works shown are held in high esteem by critics and historians as important works, and will be used solely for the purpose of classroom instruction. Screenings will strictly adhere to the DVC School Video Policy (see bulleted points below).

Because many texts will be shown throughout the year, permission is requested for your child to see the films selected by the instructor throughout the entire school year. If you have any questions, please do not hesitate to email your English teacher:

- 10th grade: Noel Ingram, ningram@davincischools.org
- 11th grade: Adam Eynon, aeynon@davincischools.org
- 12th grade: Deepti Immaraju, dimmaraju@davincischools.org

I agree to the following rules governing what is being shown in my students’ classes:

- Any video shown in class must directly relate to the curriculum and/or course content.
- Movies rated G through PG-13, and television programs rated TY through TV14 may be viewed for purposes of class instruction.
- Any films rated R or any television programs that deal with mature matters as defined under a TV-MA rating may only be viewed for instructional purposes.
- No films rated NC-17 may be show in classrooms.
- Teachers must follow district policy, state, and federal law regarding the use of video material for instructional purposes.

_____ has my permission to view films and videos which may contain “mature subject matter” including films rated “R.”
(Student Name)

(Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)