



OVERNIGHTER CODE OF CONDUCT

Student Name: _____

It is our intent that the Overnighter will be a fantastic experience for all students. To facilitate this, all students are expected to abide by the DVD Student Handbook and Code of Conduct. Sections of this code of conduct specifically applicable for the Overnighter are below. Failure to abide by these expectations may result in disciplinary action, including being sent home from the Overnighter at parents' expense and/or suspension and/or removal from Da Vinci Design High School.

Students: Please initial next to each of the paragraphs below to indicate that you have read and understand them.

DRESS CODE

Standard DVD dress code does not apply for the Overnighter, but all clothing worn by students must not be overly revealing or have inappropriate content. _____

PERSONAL RIGHTS

For Da Vinci to be a safe, open, and effective school, students must respect the personal rights of others in the school and neighboring community. Rudeness, profanity, or malicious behavior – physical or verbal – will not be tolerated. _____

PROPERTY RIGHTS

Absolute respect for property rights of others is expected of all members of the school. Stealing or vandalism in any form, including the unauthorized "borrowing" of another's belongings will not be tolerated. In addition to respecting the property belonging to other students, the staff, and the school, students must also respect the property rights of Camp Conrad-Chinnock and the transportation provider. _____

DRUGS, ALCOHOL, TOBACCO AND SMOKING PARAPHERNALIA (INCLUDING VAPORIZERS) - Drugs, alcohol, and smoking (including vaporizers) are prohibited in the school, on the campus, and at off-campus school functions. Violations may lead to suspension and/or removal from DVD. _____

VANDALISM - No one is to injure, destroy, or deface property, including but not limited to the transportation vehicles and the host facility property. Vandalism will be dealt with severely. All will treat the building with care and respect. Parents and guardians will be responsible for paying for any damage done to the building by their child. People with any information about damage done should report it to the principal. Writing or spray painting inappropriately on or around campus (graffiti), carving on school furniture/fixtures, mishandling a book, breaking a window, destroying equipment or damaging materials are all infringements on the right of the Da Vinci community. _____

WEAPONS - Guns, knives, explosives, or weapons of any type are not permitted in the school, on the campus, and anywhere on school functions on or off the premises. Violations will lead to expulsion. Items that appear to be weapons are prohibited as well. _____

You should bring:	You should NOT bring:
<p>Towel & Toiletries Change of clothes including warm clothes for the evening Rain gear in case of showers Comfortable shoes Sleeping bag & pillow Hat Sunscreen Refillable water bottle (optional)</p>	<p>Computers/Tablets/other expensive electronics Skateboards/Scooters Food/candy/gum Money</p>

Student Name: _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



OVERNIGHTER FIELD TRIP PERMISSION FORM AND WAIVER

Your child has received charter school approval to participate in a field trip which involves your student leaving the Da Vinci Design High School campus under the supervision of a DVD staff member, indicated below. All of the expectations as outlined in the DVD handbook apply to students participating in off-campus excursions.

Student Name: _____

Period 1 Teacher: _____

Departure: Wednesday, August 22nd @ 9:00am

Return: Thursday, August 23rd @ 4:00pm

Overnighter Location: Camp Conrad-Chinnock (www.campconradchinnock.com) (310) 751-3057
4700 Jenks Lake Rd E, Angelus Oaks, CA 92305

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 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 Da Vinci Design 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

Name of Parent/Legal Guardian: _____ Phone Number: _____

Name of Parent/Legal Guardian: _____ Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____

Physician's Name: _____ Phone: _____

Health Insurance Carrier: _____ Policy Number: _____ Phone: _____

Student's Critical Medical Conditions / Dietary Needs / Allergies: _____ (if none, please initial here → _____)

I understand that all students participating in this trip will be expected to adhere to all the rules & expectations of student conduct outlined in the Da Vinci Handbook and on the reverse side of this document. I agree to abide by these policies, and I understand that violation of these rules may result in my being sent home at my parents' expense and possible removal from Da Vinci Design.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____