


November 13, 2013

Dear Students:

We cordially invite you to the 2013 Da Vinci Jr. High Fall Feast on Thursday, November 21, 2013. It will be a day of service, entertainment and yes, much Feasting! The schedule is as follows:

Location: Davis Veteran's Memorial Center 203 East 14th Street Davis, CA

<p>8:05am – 11:45am- Students will attend their regular classes for periods 1-4 at Emerson/Da Vinci 11:45am – Da Vinci students report to B-Wing for final instructions 12:05pm – First Bus group AND Bike group depart 12:40pm – Second Bus group departs 12:50 – 1:30pm: FEAST Lunch! At the Vet's Center 1:30 – 2:30pm: Community service project rotations 2:30pm – 3:00pm – Teambuilder & "Teachertainment" 3:00pm - Cleanup 3:15 - ALL STUDENTS DISMISSED FROM VETERAN'S CENTER: Parent/Guardian pick-up or students bike home</p>	
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Please follow these steps in order to participate in this joyous occasion:

Step 1: TAKE THIS PACKET HOME AND SHOW YOUR PARENT/GUARDIAN! They must sign the permission slip in order for you to leave campus on the day of the Feast!

Step 2: **DECIDE** on your mode of transportation: Bus or Bike! Fill out the bottom portion of this letter and return with

Step 3: **RETURN** the permission slip form no later than Monday, November 18 to your English Teacher!

Step 4: **ENJOY** the Feast Celebration!

We look forward to Feasting with you!

Sincerely,

The Da Vinci Jr. High Staff!

Dear Da Vinci Parents & Guardians,

Attached please find the field trip permission slip form for our Fall Feast, which is our annual all-school celebration!

Please fill out and sign on both sides. There are forms available on our website, as well:

www.davincicharteracademy.net. Also, have you child indicate below whether s/he will be taking the bus or riding his/her bike. If your student is riding a bike, **a helmet is required!** Da Vinci Staff members will be accompanying students on the bus and on bikes.

This year, we will be donating canned food to the Yolo County Food Bank. **We would like for all students to bring a can or two of food** (non-expired or damaged) to our Feast if possible. If you would like to volunteer to assist with this event OR donate food or drink, please contact Scott Thomsen (sthomsen@djusd.net) or use our Sign-Up Genius at www.davincicharteracademy.net. We truly appreciate parent/guardian support with this event!

Sincerely,

Scott Thomsen
DVJHS Vice Principal

Please detach and return with permission slip:

Student Name: _____ **Grade:** _____

I will (Circle one): **Bus** **Bike** **to the Vet's Center on Thursday, Nov. 21**

DAVIS JOINT UNIFIED SCHOOL DISTRICT

Parent/Guardian School Sponsored Trip Authorization (Form 2a)

(Return form to classroom teacher or activity sponsor when completed)

STUDENT LAST NAME	FIRST NAME	SCHOOL Da Vinci JHS	GRADE
ACTIVITY Da Vinci Junior High Feast		CLASSROOM TEACHER ACTIVITYY SPONSOR Da Vinci JHS Staff	
LOCATION Veteran's Memorial Center -- 14 th Street, Davis		DEPARTURE DATE TIME 12:00pm	
TYPE OF TRANSPORTATION Bike or Bus		ANTICIPATED RETURN DATE TIME Pick up at Veteran's Memorial at 3:15pm	
INSURANCE COMPANY		POLICY EXPIRES	

To Parent/Guardian:

- Your child is eligible to participate with a group from this school on the activity indicated above. One or more teachers will accompany the group. Signature below signifies that student and parent/guardian agree that the student is to go and return on the school-sponsored transportation indicated above. Privately arranged rides, even with parents, cannot be permitted unless parent/guardian chooses to transport his/her child only. In this case Form 5 must be completed.
- Anticipated return time indicates the time at which we expect to arrive back to the starting point. If necessary, parents should arrange to meet their child at this time. Teachers accompanying the group cannot be responsible for seeing that every student has a means of getting home from the starting point.
- STUDENTS WILL NOT BE PERMITTED TO ACCOMPANY THE GROUP UNLESS THIS FORM IS SIGNED BY THE PARENT OR GUARDIAN, SUCH SIGNATURE TO SIGNIFY PARENTAL APPROVAL.**
- No child will be denied participation in the trip if he/she is unable to pay for the costs. Please contact the staff sponsor if your child needs financial assistance. The State Meal Mandate EC section 49550 requires the provision for each needy pupil enrolled one nutritional adequate free or reduced price meal during each school day. Additionally, no child will be denied a field trip bag lunch if he/she is unable to pay for the cost. Please contact the staff sponsor if you child need a bag lunch.

I, as parent-guardian, understand that by permitting my child to participate in this trip, I have waived all claims against the District (its employees) or the State of California for injury, accident, illness, or death occurring during or by reason of the trip (*Education Code 35330*).

My signature below indicates that the above-named student has my permission to attend the field trip as outlined above and per the aforementioned conditions stated above.

As of January 1, 2012 students must sit in a passenger restraint system meeting applicable federal motor vehicle safety standards unless the child meets one of the following requirements: (1) Eight years of age or older; OR (2) is four feet nine inches tall.

- As this law applies to my child, I will provide the driver with a safety seat or booster seat for my child.
- Optional : I have current certification in: CPR First Aid

Parent or Guardian Signature

Date

Activity Sponsor: Permission forms are to be held by the sponsor until the trip is completed. The School Secretary (elementary) or Attendance Office (secondary) will need a list of all those attending the activity 24 HOURS PRIOR TO DEPARTURE.

I can help drive - Printed name _____ Phone number _____

The teacher will contact you if you are needed to drive.

Elementary children under 12 cannot ride in a front seat with an airbag. And, all students must have a seatbelt.

In addition, we need to know:

- The number of passenger seats with seatbelts only: _____
- The number of passenger seats with airbag/seatbelt: _____

Note: This form will be in the sponsor's possession throughout the trip.

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DAVIS JOINT UNIFIED SCHOOL DISTRICT
Parent/Guardian Emergency Procedure/Insurance Verification
(Form 2b)

MASTER FOR SCHOOL YEAR 2013 - 2014
(NOTIFY SCHOOL OFFICE OF ANY CHANGES)

(I), (We), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize the DAVIS JOINT UNIFIED SCHOOL DISTRICT, representative as agent(s) for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this academic year.

Parent or
Guardian: _____ Date: _____

Parent or
Guardian: _____ Date: _____

Home Phone: _____ Business Phone : _____

Alternate Emergency Phone#: _____

Health concerns (e.g. severe allergy, diabetes, seizure disorder, asthma, migraine, mental health problem, etc.)

Routine medication? Yes _____ No _____ If yes, please list: _____
(complete attached medication form if medication will be needed during field trip)

Medical/Accident Insurance Company: _____

Insurance Policy/Group No.: _____

Family Physician: _____ Phone: _____

Parent/Guardian Signature

Date

It is the responsibility of the parent or guardian to update this information. Please notify the office of any changes.

The Davis Joint Unified School District does not provide medical coverage for students. If you do not have medical coverage or would like additional secondary coverage for school events at a nominal cost, you may pick up information on supplemental school medical coverage from the school site secretary.