

Schedule for the First Days of School 2011/12

Tuesday 8/30

- 3:00 p.m. Dorms open for seniors – no meals served
- 10:00 p.m. Seniors in dorms – Senior and Loy House Heads cover dorms

Wednesday 8/31

- All seniors check-in by 11:00 a.m. – Boarding and Day students
- 2:00 p.m. Seniors prepare for overnight trip - will return on Thursday, 9/1 by noon
- 3:00 p.m. Dorms open for sophomores and juniors
- 10:00 p.m. Juniors and sophomores in dorms – Boone and Knoles House Heads cover dorms

Thursday 9/1

New international students and all returning students arrive – boarding and day – returning students due back on campus by 2:00 p.m.

- Noon Lunch served
- 1:00 p.m. Seniors with college counselor
- 5:30 p.m. Dinner – sign-in required for underclassman. House teams on dinner duty – Boone and Senior. Loy and Knoles O. D.’s on at 8:00 p.m.
- 5:30 p.m. Leadership picnic – meetings to follow – will end at approximately 9:00 p.m.
- 10:00 p.m. Students return to dorms. Dorm Meeting/dorm jobs
- 10:45 p.m. All students in their own rooms
- 11:00 p.m. Lights out for all underclassman – seniors in their rooms

Friday 9/2

- 8:00 –8:45 am Breakfast check-in for all boarding students who are on campus
- 8:45 a.m. Student Government meets with Mr. Westcott in the Conference Room
- 9:00 a.m. International students meet with Mr. Vachon
- 9:30 – 11:30 a.m. Storage open. GET YOUR STUFF! Work on unpacking
- 10:00 a.m. RA’s, House Council/Day Council members meet with Mr. Graham in the Library
- 10:00 a.m. Prefects meet Ms. Childs in Conference Room #2
- 12:00 p.m. Lunch
- 1:00 p.m. House Council/Day Council meet with Mr. Graham, House Heads, and Mrs. Haig in the assembly area
- 1:00 p.m. Orientation leaders meet with Ms. Childs, Ms. Davidge, and Mr. Tessier in the library
- 5:30 p.m. Dinner - Sign-in required for all underclassman. O.D. team #6 on duty. Students may not sign out – prepare for the opening of school.
- 7:00 p.m. Finish unpacking
- 7:30 p.m. Student Government event
- 10:15 p.m. All students back to dorms – dorm jobs
- 10:45 p.m. All students in their own rooms
- 11:00 p.m. Lights out for all students except seniors. Seniors in own rooms.

Saturday 9/3

All new boarding and day student arrive. Students may not check off campus.

- 7:30 – 8:00 a.m. Breakfast check-in for all boarding students
- 8:30 a.m. All returning students meet at the Grey Table to prepare for student orientation
- 9:00 – 11:00 a.m. New students arrive (including day students) Day students: bring a swimsuit and towel
- 11:30 – 12:30 p.m. ... Lunch
- 12:45 p.m. Dorm meetings/day student meeting for parents and students
- 1:30 p.m. New Student Orientation – art building. Parent Meeting in the library
- 2:30 pm. – 3:00 p.m. Advisor /Advisee Meetings (all advisees meet and greet – review handbook, questions, changes, concerns)
- 3:00 p.m. Snack
- 3:30 p.m. Scavenger Hunt – meet as Orientation groups in the assembly area
- 5:00 p.m. Pool open – Free Time
- 5:45 p.m. Dinner – meet as Orientation Groups
- 6:30 – 7:15 p.m. Leader Skits – Meet at the Art Studio
- 8:00 – 9:00 p.m. Dorm Time – all in own dorm areas. Day Students may depart Campus
- 9:00 p.m. Free time
- 10:30 p.m. All students back to dorms – dorm jobs
- 10:45 p.m. All students in their own rooms
- 11:00 p.m. Lights out for all students except seniors. Seniors in own rooms

Sunday 9/4

- 8:30 – 9:30 a.m. Breakfast, sign-in required – Weekend O.D. Team # 5
- 9:30 – 11:00 a.m. Shopping trip to CVS and Albertson's in Buellton – Tour of the Valley – required of all new boarding students
- 11:00 a.m. Free Time
- 12:00 – 12:30 p.m. ... Lunch – meet as Orientation groups
- 1:00 – 2:00 p.m. Academic Orientation
- 2:00 – 2:45 p.m. Club Booths in the Math Quad – travel as Orientation groups
- 2:45 p.m. Snack
- 3:00 – 4:00 p.m. Presentation of Orientation Group Skits
- 4:00 p.m. Free time – pool open. Day students may depart campus
- 5:30 – 6:00 p.m. Dinner – sign-in required. House Teams on duty
- 6:00 – 9:00 p.m. Free time
- 9:00 p.m. Dorm time all students in their dorm areas
- 10:10 p.m. Dorm Jobs – regular Sunday lights out schedule

Monday 9/5 - Special 25 - minute class schedule, all classes meet

- 7:00 – 7:40 a.m. Breakfast, sign-in required
- 7:50 a.m. Jobs
- 8:05 a.m. Classes begin
- 11:45 – 12:15 Assembly
- 12:15 – 1:00 p.m. Lunch
- 1:05 p.m. Meeting in the Assembly Area, introduction of Student Government, Prefects, Resident Assistants/House Council/Day Council, and new faculty
- 1:25 – 1:40 p.m. Advisor/advisee meetings
- 1:45 – 2:05 p.m. Class meetings with the Class Advisors
- 2:10 – 2:25 p.m. Dorm meeting for all boarding students and all House Team members
- 2:30 – 2:45 p.m. Day student meeting
- 3:15 – 4:45 p.m. Athletic practices
- 5:45 – 6:30 p.m. Dinner
- 7:30 p.m. Room Inspection – All students in rooms for inspection/dorm jobs
- 8:00 – 9:30 p.m. Study hours – no roaming
- 9:30 Dorm meetings – students remain in their dorm area – Regular weekday lights out

Tuesday 9/6 – Friday 9/9 - Regular academic schedule.

Saturday 9/10 – Closed weekend – Special OD schedule

9:00 – 11:00 a.m.Breakfast, sign-in required

1:00 – 4:00 p.m.Athletic practices, two-hour maximum time limit

5:30 – 6:15 p.m.Dinner – sign-in required

Senior Class Event

Regular weekend lights

Sunday 9/11

9:00 – 11:00 a.m.Breakfast, sign-in required – Special OD schedule

No athletic practices

3:00 – 6:00 p.m. *Peerwig* pool Extravangaza

5:30 – 6:00 p.m.Dinner

7:00 p.m. House Teams on duty

7:30 p.m. Room Inspection/dorm jobs

8:00 – 10:00 p.m. Study hours – regular Sunday night lights out.

Saturday 9/17 & Sunday 9/18

Dunn School Day of Caring – Closed Weekend for all students.

AUTHORIZATION FOR TREATMENT FORM

This form constitutes a permission statement which must be signed by a parent or guardian. The completed form must be returned to the Dunn School Health Office. This health record is to be completed by the parent or guardian. **Please complete the entire form! (PLEASE PRINT)**

Student Name: _____ Entering Grade: _____
Last First Middle

Date of Birth: _____ Male/Female Student resides with: Both Parents/ Mother / Father / Other
(Circle one) (Circle one)

Parent 1:
Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Fax: _____
E-mail: _____
Cell: _____

Parent 2:
Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Fax: _____
E-mail: _____
Cell: _____

In Case Parent cannot be reached:

Name: _____
Home Phone: _____
Work Phone: _____
Fax: _____
E-mail: _____
Cell: _____

Person Responsible for medical expenses:

Name: _____
Home Phone: _____
Work Phone: _____
Fax: _____
E-mail: _____
Cell: _____

Significant Medical Problems, Illnesses, or Past Surgeries: _____

Allergies (Please list medication, food, and seasonal allergies): _____

Medication (Please list medications that the student is taking): _____

Contraindications on Medication: _____

Must take medication _____ Can refuse medication _____

Date of last tetanus: _____ Last TB test or chest x-ray _____

Authorization to consent to treatment of a minor

I, We, the parent(s)/guardian of _____, a minor, do hereby authorize any Dunn School personnel in Los Olivos, CA as agents of the undersigned to consent to any medical procedure, x-ray examination, medical or surgical diagnosis or treatment and 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 provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a hospital. The authorization also applies to dental care under a duly licensed dentist and psychological care.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) or any organization involved including without limitation the Dunn School. Dunn School will not assume any financial responsibility for exercising this action.

This authorization is given and shall remain effective until revoked in writing and delivered to said agent(s).

Signature of parent(s) or legal guardian of the student named above

Date:

FLU SHOT

Dear Parents:

Flu immunizations will be administered on campus this fall. This injection is strongly recommended, but not mandatory, for students (age fourteen years and older) in a boarding school situation. The fee for the service is \$22.00 per student. This fee will be charged to the student's account.

Please indicate whether you want your child to receive this immunization and return this sheet with the other medical forms.

Thank you for your cooperation,
Dunn School Health Services

This vaccine is NOT recommended for students with KNOWN ALLERGIES TO: CHICKENS, FEATHERS, or EGGS.

Uncommon, but possible adverse reaction to the Flu Immunization:

Fever, vague body aches, muscular pains and other systemic symptoms may occur during the first 6-12 hours after vaccination and may persist for one or two days.

Immediate, presumably allergic reaction such as flare and weal or respiratory problems may develop and are indicative of sensitivity to the components of the serum derived from residual egg protein. This type of response is extremely rare.

Neurological disorders, including encephalopathy and ascending paralysis, have been known to have a temporary association with the administration of the flu vaccine. These occur rarely and are usually self-limiting and reversible.

I, the parent/guardian of _____
(student's name)

Give Do not give permission to have my child immunized against the flu.

Signed: Parent/Guardian _____ Date: _____
(circle one)

MEDICATION AUTHORIZATION FOR PRESCRIPTION and OVER-THE-COUNTER MEDICATIONS

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS. Educational Code 49423 and 49423.5. Any pupil who is required to take prescribed medication by a physician may be assisted by the school nurse or other designated school personnel if the school receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matters set forth in the physician’s statement. **CAC Title 5, 18170.**

HAVE PHARMACY OR PHYSICIAN PROPERLY LABEL MEDICATION IN A SEALED CONTAINER FOR SCHOOL ADMINISTRATION.

Required - to be completed by parent or guardian:

I request that designated personnel assist my child in taking the medication prescribed by a physician. I understand that my child **may not** have or take medication at school unless **all** requirements are met. I also request that my child be assisted in taking over-the-counter medications. The type of medication will be determined by the symptoms presented by the student. I hereby give consent for the school nurse to communicate with my physician as needed with regard to these medications. The prescribing physician **must** provide the Health Office with written documentation whenever your student beings taking a new medication, discontinues a medication, or changes the dosage of a current medication.

All medications must be distributed through the Health Office. No medication (prescription or over-the-counter) may be kept by the student in their room. Exceptions are asthma medication, some dermatological creams, vitamins, supplements, and herbal supplements. However, these must be presented to the Nurse and will be labeled and returned to the student. Any unauthorized items found in the student’s room could lead to disciplinary action. If mailing, please address all medications, vitamins, supplements, etc, to the attention of the Health Office, *not your student.*

Student’s Name _____ Sex _____ Birthdate _____

Allergies to Medications _____

Physician’s Name _____

Parent/Guardian Signature _____ Date _____

DUNN SCHOOL PHYSICAL

MUST BE FILLED OUT BY A MEDICAL PHYSICIAN

Students are required to have an annual physical, dental, and eye exam. Doctor, please review this student's health history and complete this form. The information is used in the Health Office and will be released in case of an emergency or if the student requires medical treatment.

PLEASE BE CERTAIN THE STUDENT'S IMMUNIZATIONS ARE UP TO DATE.

This school requires a PPD every 12 months if a student has traveled out of the country, and every two years if student has stayed in the country.

Student Name: _____ Age: _____ Grade: _____

Date of Birth: _____ Male: ___ Female: ___ Height: _____ Weight: _____

	Normal	Abnormal
Head, ears, nose, throat		
Hearing		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Genito-urinary		
Musculoskeletal		
Metabolic/endocrine		
Neuropsychiatric		
Skin		
GYN Exam if sexually active		
Comments:		

Allergies: _____

Drug Allergies: _____

Date of last PPD/CXR: _____

Results of last PPD/CXR: _____

Blood Pressure: ___ / ___ Heart Rate: ___

Dipstick Urinalysis: Sugar _____

Albumin: _____

Hemoglobin or Hematocrit: _____

Date of last Dental exam: _____

Date of last eye exam: _____

Wears glasses/contacts/both/neither

Vision	Uncorrected	Corrected
OS		
OD		
OU		

Is student capable of physical activity and participation in a competitive sports program?

Yes: _____ No: _____ Explain: _____

Any physical restrictions? Yes: _____ No: _____ Dietary Restrictions? Yes: _____ No: _____

Explain: _____

Has student received any counseling or psychological care? Yes: ___ No: ___ When: _____

Reason for treatment: _____ Is further treatment needed? _____

Examining Physician (Please use official stamp and include name, address, and phone):

Physician's Signature: _____ Date: _____

If you have any questions, please call the Dunn School Health Office at (805) 686-0626.

Student Name: _____

MEDICATIONS

To be filled out by a Physician

If your student does not take prescription medication, a parent may write "No Medication" and sign the form.

Standard Medication Distribution Times:

Breakfast: 7:00 AM
Dinner: 5:45 PM
Bedtime: 10:00 PM

Weekend Medication Distribution:

Brunch: 9:00 – 11:00 AM
Dinner: 5:30 PM
Bedtime: 11:00 PM

Students requiring medication distributions at time other than above will be required to pick up those medications at the Health Office. Please note: Health Office is open from 7:00 a.m. - 4:00 p.m., Monday - Friday only.

Current Medications: *Include vitamins, supplements, and over-the-counter medications.*

Medication	Strength	Dose	Diagnosis	Times to be given
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM

Medications to be taken as needed:

Medication	Strength	Dose	Diagnosis	Frequency

Due to problems encountered in the past, we request prescriptions to be refilled at Star Drugs in Santa Ynez, CA.
 Phone: 805-688-6898 - FAX: 805-688-6047

The child named above is under my care. It is necessary for him/her to receive the medications listed on this page on a regular/emergency basis.

Physician's Signature: _____ Date: _____

Physician's Address: _____

Phone Number: _____ Fax: _____

PROOF OF INSURANCE

COPY BOTH SIDES OF INSURANCE CARD

Be sure all information is legible and all ID numbers are clear.

If you change insurance during the year, a legible copy of both sides of the insurance card must be sent to the Health Office as soon as possible. If you have separate insurance plans for dental care and/or prescriptions, please include copies of those cards.

Please make certain your student's medical and dental insurance is accepted in the State of California, preferably in the location of the school.

Note to International Students:

(If you are an international student who receives insurance through Dunn School, there is no need to send a copy of your card.)

CHANGES IN HEALTH HISTORY AND VACCINATION RECORD TO BE COMPLETED BY PARENT

PPD TEST:

A PPD test is required every two years for students that have not been out of the United States and every year if the student has traveled abroad. Please give the date and result of your student's last PPD.

Date of PPD test: _____ Result: _____

If the PPD test was positive, please give the date of last chest x-ray (must be within the past 3 years) and the result.

Date of CXR: _____ Result: _____

VACCINATIONS:

In the past year, has your child received any new vaccinations or boosters?

Yes No

If so, please list the immunizations and the dates:

HEALTH HISTORY:

In the past year, have there been any significant changes to your student's medical history? This includes: surgeries, broken/fractured bones, serious illnesses, psychological or psychiatric care and counseling, adoptions/divorce/death in the family.

Yes No

If so, please list and explain: _____

Student name: _____

Parent signature: _____ **Date:** _____

**CHANGES IN HEALTH HISTORY AND VACCINATION
RECORD
TO BE COMPLETED BY PARENT**

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If the PPD test was positive, please give the date of last chest x-ray (must be within the past 3 years) and the result.

Date of CXR: _____ Result: _____

VACCINATIONS:

In the past year, has your child received any new vaccinations or boosters?

Yes No

If so, please list the immunizations and the dates:

HEALTH HISTORY:

In the past year, have there been any significant changes to your student's medical history? This includes: surgeries, broken/fractured bones, serious illnesses, psychological or psychiatric care and counseling, adoptions/divorce/death in the family.

Yes No

If so, please list and explain: _____

Student name: _____

Parent signature: _____ **Date:** _____

DUNN SCHOOL 2011-2012 Contracts

Cellular Phone

Student's Cell Phone Number: _____

My signature below acknowledges that I have read, understand, and support Dunn School's Cellular Phone Policy detailed on page 19 of the Parent/Student Handbook.

Parent / Student Handbook - ACKNOWLEDGEMENT

I realize that Dunn School may change, delete, or add to any of the policies or practices described in the handbook from time to time in their sole and absolute discretion, and with, or without, prior notice. The school will make every attempt to give timely notice of substantive changes in policy.

My name and signature below acknowledges that I have received and read a copy of the Parent/Student Handbook.

2011-2012 Safe House Agreement

"I share Dunn School's goal of providing a drug and alcohol free environment whenever Dunn students are guests in my home. During any organized social event in my home involving Dunn Students, I will be present and supervise the event."

My name and signature below acknowledges that I have read, understand, and support the Safe House Agreement detailed on page 26 of the Parent/Student Handbook.

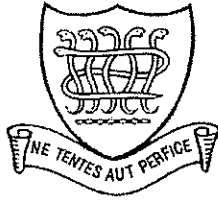
Student Name: _____ Date: _____

Student Signature: _____

Parent or Legal Guardian _____ Date: _____

Parent or Legal Guardian Signature: _____

Dunn School



Dunn School Technology Department

Digital Citizenship Agreement

SCOPE

The Dunn School Digital Citizenship Agreement defines the rights and obligations of Dunn School technology users (students, faculty, staff and visitors) and the policies of the Dunn School Technology Department. This agreement replaces the previously published Acceptable Use Policy.

DUNN SCHOOL NETWORK OVERVIEW

Dunn School provides a Local Area Network (LAN) connected to the Internet. This allows Dunn School technology users to access a wide variety of computer and information resources. The goal in providing these resources is to promote educational excellence, communication of ideas, and freedom of inquiry.

The guiding principles of the Dunn School LAN are the Dunn School Core Values. This Agreement is further informed by the American Library Association Library Bill of Rights. The Dunn School LAN passes electronic traffic freely, with a minimum of constraints as specified in the Children's Internet Protection Act. The Dunn School LAN is available to students daily from 6 AM to Midnight.

Dunn School is the sole owner of the Dunn School LAN. This includes user names and passwords, all servers, cables, routers, switches, wireless access points, hubs, school owned computers, software, student and faculty e-mail, and all data stored on the servers. Access to the Dunn School LAN is provided at the discretion of Dunn School.

UNACCEPTABLE USE

Use of the Dunn School LAN must be consistent with the Dunn School Core Values. The following activities constitute violations of the Digital Citizenship Agreement:

- Making, broadcasting or retransmitting a photograph, video or audio recording of any school activity including but not limited to class discussions without the explicit permission of the person being photographed or recorded.
- Utilizing another user's credentials (i.e.: user name, password), giving your credentials to another user or in any way attempting to disguise your identity.

- Any unauthorized access to the Dunn School LAN, either physical or virtual.
- Any malicious attempt to modify, harm, or destroy data on the Dunn School LAN, or any other system or network unless the user has authorization to perform these tasks.
- Participating in any type of criminal activity, including downloading, copying or distributing copyrighted materials.
- Committing an act of plagiarism.
- Committing an act of cyber-bullying which is defined as: “when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones.”

SECURITY

Security on the Dunn School LAN is a high priority. Notify the Dunn School Technology Department immediately if you identify a security problem on any component of the Dunn School LAN. Never demonstrate the vulnerability to another user.

There is no anonymity on the Dunn School LAN. The Technology Department monitors use of the network for diagnostic and security purposes. All activity on the Dunn School LAN including e-mail messages, web searches, print jobs, and network storage is not anonymous.

PENALTIES

Violating the Digital Citizenship Agreement is a violation of school rules. Penalties for violations may include disciplinary actions including Friday night detention, work crews, suspension, expulsion, and/or criminal prosecution. The Dunn School Technology Department will cooperate fully with investigations by law enforcement agencies. Users of the Dunn School LAN will be responsible for any and all legal fees caused by their misuse of the Dunn School LAN.

PRIVATELY OWNED COMPUTERS

You may connect your privately owned computer to the Dunn School LAN; however, the following rules apply: all privately owned computers must be registered with the Dunn School Technology Department and must be running up to date antivirus software. The registration process may include the School documenting the privately owned computer’s Media Access Control (MAC) address for identification on the Dunn School LAN. Users may not connect any hubs, switches, routers, wireless access points or servers to the Dunn School LAN without explicit written permission from the Dunn School Technology Department.

DISCLAIMER

The ultimate responsibility for appropriate use of the Dunn School LAN resides with the user. All users of the Dunn School LAN are required to report violations of the Digital Citizenship Agreement to the Dunn School Technology Department.

Dunn School takes reasonable precautions to protect the Dunn School LAN from harmful content. Technology makes absolute control of all on-line activities impossible. Dunn School is not liable for any damage to user systems incurred while connecting to the Dunn School LAN or the Internet.

Any changes to this document will be announced and distributed to the Dunn School community before taking effect.

I have read and understand the Dunn School Digital Citizenship Agreement.

Name: _____ Date: _____

Signature: _____

Parent or Legal Guardian _____ Date: _____

Signature: _____

DUNN SCHOOL 2011-2012 PERMISSION FORM BOARDING STUDENTS

Automobiles: Riding Permission

Student's Name: _____ Grade: _____

The purpose of this form is to allow you, as the parent/guardian, the ability to give specific permissions for your son/daughter for the school year. Please read each section carefully and make the appropriate selections that best fit you and your child's needs. *Please complete this form along with your son or daughter so that they will understand the selections you have made.* You may amend this form at anytime during the academic year.

MY SON/DAUGHTER'S PERMISSION AS A PASSENGER:

Check all that apply.

Dunn School's policy is that students may ride with parents of Dunn students, relatives, faculty members, faculty spouses, and other designated school drivers. In addition to those just named, while my son/daughter is under the supervision of Dunn School, I give him/her permission to use public transportation and to ride in private vehicles with the following:

_____ 1. Only with the following drivers, who are 25 years of age or older.

_____ 2. *For Seniors Only:* Any other Dunn School senior.

_____ 3. *For Seniors Only:* Only with the following Dunn School seniors.

_____ 4. My son/daughter may not ride in any vehicle, outside of Dunn School's standard policy, without my specific permission.

Parent/Guardian's Signature: _____ Date: _____

If other than parent, relationship to student: _____

Student's Signature: _____ Date: _____

**DUNN OUTDOOR EDUCATION
PARTICIPANT’S PERMISSION, ACKNOWLEDGMENT OF
RISK AND RELEASE**

Name of Student (Please print) _____ Grade level: _____

This document grants permission for the student named above (“the Student”) to participate in the Dunn Outdoor Education program (“the Program”), discloses the risks inherent with the Program, and includes a release of liability to Dunn School and those who supervise the Program. The Student and his/her parent(s) or guardian(s) (collectively the “Undersigned”) have read the description of the Program, in the Parents’ Handbook. Dunn School believes it is important for the Undersigned to know in advance what to expect and to be informed of the inherent risks of the Program.

PERMISSION

As parent(s) or guardian, I/we hereby give my child full and unequivocal permission to participate in the Program and the activities described below for as long as my child is a student at Dunn School. On behalf of the Student, I/we recognize and accept the risks and hazards detailed below, and permission to participate is given with full knowledge and acceptance of these risks.

ACKNOWLEDGEMENT OF RISK

The Undersigned acknowledge that Dunn School has informed them certain hazards and risks are inherent in each Outdoor Education activity (“the Activities”) and cannot be eliminated without destroying their unique character. These inherent risks are some of the same elements that contribute to the unique character of the Program but can be the cause of destruction, loss or damage to equipment or other personal property, or personal injury, illness, suffering, or in extreme cases, permanent trauma or death.

The Activities will take place in a wilderness environment and may include: rock climbing, rappelling, bouldering, hiking, backpacking, swimming in rivers and lakes, whitewater rafting and kayaking, sea kayaking, and camping in remote areas and in developed and undeveloped campgrounds in rural and wilderness areas, and other activities similar in character to those described. The Activities also includes transportation, sometimes at night, to and from Dunn School. The Student may spend several nights outdoors. In addition to the hazards and risks previously described, the hazards and risks of the Activities may also include, but are not limited to, the following: latent or apparent defects or problems in equipment provided by Dunn School or outside service providers, acts of other participants in this Activities (including from the failure of other participants to follow instructions or obey safety regulations), weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, fire, first aid, emergency treatment, or other services rendered. Further, Dunn School will not have medical personnel (other than Wilderness First Responder certified instructors) at the location of the Activities or at Dunn School.

The Undersigned acknowledges that engaging in these Activities may require a degree of skill and knowledge different than other activities of Dunn School, and further acknowledges that the Student has responsibilities as a participant. The signature of the Student below acknowledges the risks, and that the Student fully understands the rules of the Program and the Activities.

The Undersigned certify that the Student is fully capable of participating in the Activities. The Undersigned represent that the Student is in good health and physically fit and has not been advised by a physician not to participate in arduous physical activities. The Undersigned knows of no reason, health-related or otherwise, why the Student is not capable of participating in the Activities. The Undersigned accept full responsibility for any injuries or illnesses that the applicant may suffer during the trips, including, but not limited to, those resulting from any pre-existing medical condition.

The Undersigned acknowledge that they have read the clothing and equipment list provided by Dunn School, and accept full responsibility for the consequences to the Student of inadequate clothing or equipment, and for clothing and equipment which they fail to provide.

The Undersigned fully understand and appreciate the risk of injury, illness, property loss or theft, and even death, inherent in the Activities. It is further understood that unforeseen circumstances may arise for which Dunn School shall not be held responsible.

The Undersigned acknowledge that the staff of Dunn School have been available to more fully explain the nature and physical demands of this Activities and the inherent risks, hazards and dangers associated with them.

RELEASE

Therefore, in consideration of being permitted to participate in these activities, the Undersigned assumes all risks and accepts full responsibility surrounding the Student’s participation in the activities, the transportation related to the trip and any activities undertaken, and approves and accepts the following release:

EACH OF US VOLUNTARILY RELEASES, DISCHARGES, WAIVES, AND RELINQUISHES ALL CLAIMS OR ACTIONS THAT EACH OF US MAY HAVE AGAINST DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FOR BODILY INJURY, EMOTIONAL DISTRESS, PROPERTY DAMAGE AND/OR WRONGFUL DEATH OCCURRING TO THE STUDENT, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE PROGRAM AND THE ACTIVITIES, INCLUDING, BUT NOT LIMITED TO THOSE CLAIMS ARISING OUT OF ANY NEGLIGENCE ON THE PART OF DUNN, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS. IT IS THE INTENTION OF THIS AGREEMENT TO EXEMPT AND RELIEVE DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.”

The Undersigned have carefully read, clearly understand and accept the terms and conditions stated herein and acknowledge that this Participant’s Permission, Acknowledgment of Risk and Release shall be effective and binding upon each of the Undersigned, our respective heirs, assigns, personal representatives, estates and all members of the Student’s family.

The terms of this document are effective immediately, and shall continue in effect from year to year, while the Student remains enrolled at Dunn School, unless revoked in writing and delivered to the Dunn School.

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

BOARDING SENIOR CAR CONTRACT 2011-2012

Driving a car on campus is a privilege. As a student in the Dunn Community it is imperative that any student, day or boarding, who operates a vehicle, obey the Federal, State, and Local driving laws.

A boarding senior must qualify for the privilege of having a car on campus as outlined in the Parent/Student Handbook. **All boarding seniors must petition the Dean of Students by August 1st to have a car, prior to bringing a car on campus.** Boarding seniors may use their cars to drive home/primary to their residence on weekends or vacations. All boarding students who have cars on campus will be reviewed at the end of the first interim. The results of this review will determine continued use/nonuse of the car. The review also may result in additional car privileges. Boarding seniors must park their cars in the designated boarding parking area as outlined by Dunn School.

Each driver must have a *Dunn School Permission Form* on file. This form indicates whom the student may ride with or whom the student may drive. It is imperative that both the driver and the passenger have the proper permission on file. Both students must check out with either Ms. Childs or the faculty OD to receive permission to drive for the day. Weekend permission must be obtained by Thursday morning.

If a student driver is found driving another student who does not have permission to ride with the driver, the passenger will lose future permission to ride with students, and the driver will lose the opportunity to use his/her car on campus.

Any senior placed on *Final Conduct Warning* or *Final Probation* will lose the privilege of having a car on campus. Also, the senior must accumulate fewer than ten (10) demerits each semester to maintain the privilege of having a car on campus. Students are never allowed to drive to or from Santa Barbara on Hwy 154.

If a senior driver violates this contract in any way, he/she will lose the opportunity to use the car on campus.

I, _____, have read this contract and understand the terms by which I am now bound.

Student's Signature

Parent's Signature

Ms. Childs's Signature

Date

Make of Car: _____

Copy of Driver's license: _____

Year: _____ Color: _____

Copy of Proof of Insurance: _____

License Plate Number: _____

Parking Permit #: _____
(office use)

DRIVING REGULATIONS

Driving a car on campus is a privilege. I understand that I am fortunate to have this privilege and I agree to the following:

- 1) I must not speed on campus. I understand the speed limit on campus is ten (10) miles an hour. I understand that I must be mindful of this speed at all times from the minute I drive on campus. If I receive two (2) speeding tickets, I understand that I will lose my privilege to drive my car on campus for two (2) weeks. I understand that if I am persistent about speeding that I could lose the privilege of driving my car on campus.
- 2) I understand that I must always park my car in the parking lot by the pool. If I am a boarding senior, my car must be parked in the designated boarding parking area as outlined by Dunn School. If I am a day student, my car must be parked in the middle aisle of the pool parking lot. I understand that if I need to move my car at any time, I need to ask permission. I will not drive to athletic practice or park illegally.
- 3) I understand that I cannot have a passenger in my car without permission. I understand that boarding seniors may only drive with fellow seniors. My passenger also must have a permission slip on file.
- 4) I understand that upon arrival at school, I may not use my car again for any reason. I may retrieve items from my car throughout the day; however, I may not sit in the car or use it as a meeting place at any time.

I understand the above stated rules and will follow them to the best of my ability.

Student's Name: _____

Date: _____

DUNN SCHOOL 2011-2012 PERMISSION FORM BOARDING STUDENTS

Automobiles: Driving Permission

Boarding seniors may have a car on campus if the criteria described on the Car Policy for Residential Seniors is met, and once a car contract has been signed. A copy of the student's driver's license and a copy of the insurance card must be on file with the school. Dunn School expects that students will obey the California State driving laws, as well as the Dunn School driving regulations. Failure to comply with any driving regulations may result in the loss of driving permission. *Please complete this form along with your son or daughter so that they will understand the selections you have made.* You may amend this form at anytime during the academic year.

**STUDENTS MAY NOT LEAVE CAMPUS DURING THE ACADEMIC DAY,
OR BEFORE THEIR AFTERNOON COMMITMENTS ARE COMPLETE,
WITHOUT RECEIVING SPECIAL PERMISSION.**

As a reminder, students must travel to athletic events in school transportation as dictated by the CIF rules. However, parents may transport their child after an athletic contest.

MY SON/DAUGHTER'S PERMISSION AS A DRIVER:

Please check all that apply.

_____ 1. *For Seniors Only:* My son/daughter has permission to drive any other boarding seniors in his/her car, according with Dunn School and California State regulations, provided that the passenger has riding permission.

_____ 2. *For Seniors Only:* My son/daughter has permission to drive only the following Dunn School seniors, according with Dunn School and California State regulations, provided that the passenger has riding permission.

_____ _____
_____ _____

_____ 3. My son/daughter may not drive another student in his/her car without my specific permission.

Please include any additional information that may be pertinent to your son/daughter's transportation privileges:

Parent/Guardian's Signature: _____ Date: _____

If other than parent, relationship to student: _____

Student's Signature: _____ Date: _____

CONFIDENTIAL CHARGE CARD AUTHORIZATION INCIDENTAL DEPOSIT

(REQUIRED for all boarding students)

*Please refer to page 48 in the Parent/Student Handbook
for a complete description of the Incidental Deposit.*

Student: _____
(Print Name)

Amount: \$ 2,500.00

Payment by: Check/Cash Visa Mastercard Discover American Express

Credit card number: _____ Expiration date: _____

Name on card: _____ Security Code: _____

Authorized signature: _____ Date: _____

Card billing address: _____

USE OF INCIDENTAL ACCOUNT PERMISSION:

The incidental account is used for charges such as: student store, outdoor leadership equipment, athletic equipment, transportation, health center charges, fundraisers, special activities, Earwig Café, etc.

DUNN SCHOOL INCIDENTAL PERMISSION for BOARDING STUDENTS:

This permission form is to allow you, the parent, the ability to give specific incidental charge permissions for your son/daughter for the school year. You may amend this form anytime during the school year. Please complete this form along with your son/daughter so they will understand the selections you have made.

Student Store:

- _____ Limited to required supplies only
- _____ Any item at the Student Store
- _____ Other – please outline _____

AUTHORIZATION:

PLEASE DISCUSS WITH YOUR CHILD HIS/HER OWN PERSONAL LIMITS. ALL STUDENTS ARE PERSONALLY RESPONSIBLE FOR ALL CHARGES INCURRED AT THE STUDENT STORE AND EARWIG CAFÉ.

Travel Guidelines 2011 - 2012

Students must depart between 7:00AM – 12:00PM on all travel days unless otherwise noted. Students must return to campus between the hours of 12:00 PM – 6:00PM

DUNN SCHOOL WILL TRANSPORT ON THE FOLLOWING VACATION DAYS

<u>Break</u>	<u>Departure</u>	<u>Return</u>	<u>Notes</u>
October	Saturday, Oct 15	Tuesday, Oct 18	Campus remains open
Thanksgiving Break	Saturday, Nov 19	Monday, Nov 28	
Winter Break	Tuesday, Dec 20 * or Wednesday, Dec 21	Sunday, Jan 8	*1- Bus to Santa Barbara after exams Dec 20 (flights must be after 4:30PM) ***** Regular transportation Dec 21, 7:00AM-12:00
February Break	Saturday, Feb 18	Monday, Feb 27	
Spring Break	Saturday, Apr 7	Monday, Apr 16	
Graduation Day	Sunday, June 3*		Van departs after graduation, 1:30pm

**Dunn School transportation to travel destinations will be postponed until on-campus activities conclude.*

We will drop-off at the following locations:	Time:
SB Amtrak Station – Downtown SB	9:20AM, Train #774 to Los Angeles Union Station
SB Airbus – Hotel Mar Monte	10:20AM, Trip #9, arrives LAX at 12:45PM
SB Airport	Between 9:00AM – 12:00PM
We will pick up at the following locations:	Time:
SB Amtrak Station – Downtown SB	3:03PM, Train #769
SB Airbus – Hotel Mar Monte	2:45PM, Trip #6
SB Airport	Between 2:00PM – 5:00PM

AMTRAK: Rules and restrictions apply to unaccompanied minors U-14, call 1-800-USA-RAIL to make sure.

Please feel free to contact Gigi Hollister at (805) 686-0624 with any questions.

Start of School Travel Plans

Please refer to page 29 in the Parent/Student Handbook for a complete description of Dunn School's Vacation Policy.

Student's Name: _____ Cell Phone: _____

I will be coming to school on the following date: _____

_____ My parents will be bringing me to Dunn School's campus.

_____ I will need a ride to campus from Santa Barbara.

Following is my arrival information for pick up:

_____ *Santa Barbara Airport* *Airline, Flight # & Time* _____

_____ *Santa Barbara Train Station* *Train Time* _____

_____ *Santa Barbara Airbus (Hotel MarMonte)* *Shuttle Time* _____

_____ *Central Coast Shuttle at Buellton Marriott* *Shuttle Time* _____

_____ *Other* _____

Dunn School will provide pick-up transportation in Santa Barbara on:

BOARDING SENIORS	8/30 – 5:00PM	8/31 - 10:00AM
BOARDING SOPHOMORES/JUNIORS	8/31 – 5:00PM	9/1 – 12:00 NOON
NEW INTERNATIONAL STUDENTS	9/1 – 12:00 NOON	
ALL NEW STUDENTS	9/3 – 10:00AM	

DUNN SCHOOL 2011-2012 PERMISSION FORM BOARDING STUDENTS

Weekend Sign-Out Permission

Student's Name: _____ **Grade:** _____

The purpose of this form is to allow you, as the parent/guardian, the ability to give specific permissions for your son/daughter for the school year. Please read each number carefully and make the appropriate selections that best fit you and your child's needs. You may amend this form at anytime during the academic year. *Please complete this form along with your son or daughter so that they will understand the selections you have made.*

MY SON/DAUGHTER'S WEEKEND PERMISSION:

Check all that apply.

Except for closed weekends, a boarding student may sign-out for the weekend. **The proper paperwork must be submitted, complete, to the Dean of Students/Director of Community Life no later than the end of Break on the Thursday morning prior to the weekend of departure:**

- _____ 1. Must always have my specific permission to leave campus.
- _____ 2. May come home for the day or overnight. I realize that my specific permission, granted via phone call, fax, or email, is required for each visit.
- _____ 3. May go to the home of any other Dunn School student for an overnight or weekend. This is my blanket approval. My specific permission is not required for each individual invitation. I understand that the parents who have extended the invitation will always notify the school in writing or via a phone call.
- _____ 4. May only go to the home of the following Dunn Students for the day, overnight, or weekend. This is my blanket approval. My specific permission is not required for each individual invitation. I understand that the parents who have extended the invitation will always notify the school in writing or via a phone call.

Parent/Guardian's Signature: _____ Date: _____

If other than parent relationship to student: _____

Student's Signature: _____ Date: _____



10932 Pine Street
Los Alamitos, California 90720

Telephone: 562-493-9500
Fax: 562-493-6266

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the _____
Dunn School _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Revised 7/07



Dear Parents and Students,

In order for students to use the Cardio Room, Weight Room, or Climbing Facilities during the 2011-2012 school year, the following must occur:

1. Parents and students must sign a Hold Harmless agreement and Acknowledgement of Risks form
2. Students must sign an Acceptable Use policy
3. Students must be trained in the proper use of the equipment.

Attached you will find the Hold Harmless agreement, Acknowledgement of Risks form, and Acceptable Use policy necessary for students to use these facilities. Please read, sign, and return at your earliest convenience.

Students will then only need to complete their training in order to be cleared to use the equipment. This can be arranged upon returning to school.

If you have any questions, please contact me at pmartin@dunnschool.org or (805) 245-0064.

Sincerely,

Phil Martin

Athletic Director
Dunn School

**Acceptable Use Policy for Cardio Room, Weight Room,
and Climbing Facilities**
2011-2012

The following must occur prior to a student using the cardio, weight rooms/climbing facilities:

4. Parents must sign a hold harmless agreement
5. Students must sign an acceptable use policy (this form)
6. Students must be trained in the proper use of the equipment (Kevin Fox Climbing Facilities - Eric Stanchfield Cardio and Weight Rooms)

Students using these facilities must:

Utilize the sign-in/sign-out sheet when they enter/exit the facility

At minimum, two students must be present at all times – the buddy system – Climbing Facilities limited to 8 students.

Use the equipment in a proper and safe manner and only for the purpose for which a specific piece of equipment is designed.

Every person using the fitness equipment agrees to clean the equipment after use

Students will be permitted to use the Cardio and Weights rooms from 6:30 a.m. until the beginning of school & from 3:15 until 9:00 p.m. on weekdays (Sunday – Thursday) and open on the weekend until 10:30 p.m.

The Climbing Cave will be open from 3:15 p.m. until 9:00 p.m. on weekdays (Sunday - Thursday, and open on the weekend until 10:30 p.m.

The Cardio Room

Students and faculty may reserve one of the fitness machines by signing the clipboard associated with a specific piece of equipment. A time limit of 30 minutes is applicable to all equipment in the cardio room.

Weight room – free weights, with the exception of the small/lighter dumbbells – less than 50 lbs, may only be used with adult supervision

Climbing Cave – there is a time limit of one hour if other students/faculty are waiting to use the facility.

Food is not permitted in any of the facilities. It is expected that all people using the facilities will maintain the cleanliness of the rooms and remove any/all materials – trash, clothing, etc. that is brought into the room

Faculty may use the room without another adult/student present.

Acceptable use Agreement: I, _____ (student) agree to follow all of the policies noted above. Failure to comply with this agreement will result in my inability to use the cardio & weight rooms and/or the climbing cave.

Hold Harmless Agreement

Facility Use: Indemnifications; Hold Harmless & Waiver of Rights of Recovery Agreement

In Consideration Dunn School entering into this facility use agreement with _____ (parent applicant) and as a condition of said agreement applicant agrees to forever indemnify, defend and hold harmless Dunn School from and against any and all claims, suits, actions, costs, expenses, judgments or decrees, demands of liability, loss or damage, including attorney’s fees, whether direct or consequential, on account of any loss, damage to any person or persons or property (including without limitation) all officers, agents and employees of applicant and Dunn School and all property (regardless of who may be the owner of the property), arising in whole or in part or in any way from any act, omission, event or work in any way connected with or relating to applicant. The defense of any such claims, suits and demands shall be by attorneys acceptable to Dunn School and the fees and expenses for such attorneys and other necessary expenses incurred with any action or defense necessary to protect itself paid by applicant.

This Hold Harmless Agreement covers _____ (student name) with respect to use of the Dunn School Cardio Room, Weight Room, and/or the Climbing Facilities without direct adult supervision. Students must receive training from the Dunn School staff with respect to proper use of the equipment in these rooms, and sign and Acceptable Use Form indicating their intent to comply with all rules and regulations with the respect to the above mentioned facilities.

Finally, it is understood and agreed that the applicant hereby agrees to hold harmless and waive rights of recover from the school and its employees, officers or agents for any damage to or loss of personal property of applicant.

Facility to Use: Cardio Room and/or Weight Room and/or Climbing Facilities

Accepted by Applicant:

Accepted by Dunn School:

Parent Signature Date

Signature Date

Student Signature Date

