

ADMINISTRATION OF JUSTICE

AUDIO-VISUAL WAIVER FORM

TO: The Parents of _____ Row: _____ Period: _____

The study of our laws, courts, police, and correctional institutions, certainly brings out concerns, controversy, sensitive issues, opinions, and differences on what should be taught. There is no 100% appeasement approach to this subject area. Our course curriculum includes studies of the civil rights movement in the 1960's, cultural diversity, racism, prejudice, tactical communications, street gangs and prison gangs. During the study of these areas, video's relating to these issues will be shown to re-inforce classroom lecture and activities. Some of these videos contain racist remarks. It is not our intent to offend any student or parent through the use of this learning medium. We feel it is important for our students to understand the origins of prejudice, racism and hatred in our country. In addition, students should have a sense of how to cope with these kinds of issues, what avenues they may pursue to properly resolve situations they may find themselves in, and the importance of understanding and respecting others views and beliefs. Education Code #51240 guarantees your right to have your student exempted from viewing these video's if this instruction conflicts with your beliefs. Therefore, students are given an awareness letter prior to these areas of instruction. This letter provides an opportunity for parents to have their son/daughter be absent from presentation of these videos. A written request from you to me will exempt your son/daughter from the presentation of these videos without penalty. **Thank you** for your understanding and cooperation.

The following are some of the program titles and the organizations which have produced the documentaries your student would be viewing:

Justice in Black and White (CBS Special "48 Hours"), LA County Jail (NBC Special Report), Anatomy of a Riot (CNN Special – Rodney King.), American Tragedy – OJ Simpson Trial Re-enactment (CBS), 44 Minutes (CBS – Re-enactment of the North Hollywood LAPD Shootout), Gang Violence (20th Century).

In keeping with Education Code #51240, our audiovisual material and our written material will be available for inspection upon your request.

Sincerely,

Derek Kosloski
Administration of Justice, Instructor

CHOOSE ONE

I have read the above information and
GIVE PERMISSION for my son/daughter
to view the videos.

I have read the above information and
DO NOT GIVE PERMISSION for my
son/daughter to view the videos.

PARENT SIGNATURE DATE

PARENT SIGNATURE DATE

Revised 8/16/19

ADMINISTRATION OF JUSTICE

STUDENT CONTRACT

STUDENT NAME: _____ ROW: _____ PERIOD: _____
(Print)

I am responsible for learning as much as I possibly can from all of the instruction, materials, opportunities and expertise provided in the Administration of Justice. I understand it is my responsibility to complete all assignments regularly and submit them in a timely manner.

I further understand that I must maintain regular and punctual attendance and understand that I may receive a failing grade for the class should I reach **15 absences**. Students with unexcused tardies or unexcused absences will receive no credit for missed work. Students who are absent from class will receive no credit for in class activities of a nature which cannot be made up: films, oral quizzes, and group participation projects.

A copy of the Administration of Justice class rules and expectations have been provided to me and I fully understand what is expected in the classroom. In addition I understand the consequences for failing to meet those standards. It has further been explained to me that if my behavior disrupts the classroom learning environment or I willfully defy the valid authority of the instructor, I may be referred to my grade level coordinator for disciplinary action.

To receive college articulation credits for Mount San Antonio College I understand that I must have a grade of "B" or higher in the class and score a "C" on the Mt SAC final exam.

Student Signature

Date

Parent Signature

Date

Parent or Guardian Name (print) _____

Home number _____

Cell phone number _____

Email address _____

I will provide you with my support, professional experience, dedication, and every possible opportunity to achieve success in this program.

Instructor Signature

Date

Revised 8/10/11

PLEASE SEE REVERSE SIDE
READ AND SIGN THE AUDIO-VISUAL WAIVER FORM