## **ADMINISTRATION OF JUSTICE**

## **AUDIO-VISUAL WAIVER FORM**

TO: The Parents of				
concerns, controversy, ser There is no 100% appease studies of the civil rights no communications, street gar relating to these issues withese videos contain racist the use of this learning med of prejudice, racism and had to cope with these kinds of they may find themselves if and beliefs. Education Cod viewing these video's if this an awareness letter prior to parents to have their son	nsitive issues, ement approach approach approach and prison and prison and prison and the imple #51240 guars instruction conto these areas daughter be ill exempt you	olice, and correctional institution opinions, and differences on which to this subject area. Our counter 1960's, cultural diversity, ractor gangs. During the study of the re-inforce classroom lecture at not our intent to offend any students to untry. In addition, students should avenues they may pursue to proportance of understanding and remarked your right to have your standing to instruction. This letter proving absent from presentation of the son/daughter from the presentstanding and cooperation.	what should be taught rise curriculum includes ism, prejudice, tactical fithese areas, video's and activities. Some of dent or parent through understand the origins of have a sense of how perly resolve situations especting others views student exempted from ore, students are giver des an opportunity for ese videos. A writter	
The following are some of documentaries your studen		titles and the organizations whi	ch have produced the	
Anatomy of a Riot (CNN Sp	pecial – L.A.), A	(48 Hours"), LA County Jail (NBC American Tradegy – OJ Simpsor of the LAPD Shootout), Gang Vi	Trial Re-enactment	
In keeping with Education Cavailable for inspection upo		our audiovisual material and our i.	written material will be	
Sincerely,				
Jim Salyer Administration of Justice, Ir	nstructor			
	CHOOS	SE ONE		
I have read the above information and GIVE PERMISSION for my son/daughter to view the videos.		DO NOT GIVE PERMISSION for n	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	

## **ADMINISTRATION OF JUSTICE**

## STUDENT CONTRACT

STUDENT NAME:\_\_\_\_\_\_ PERIOD:\_\_\_\_\_ ROW:\_\_\_\_\_

(Print)		
am responsible for learning as much as opportunities and expertise provided in the responsibility to complete all assignments responsibility.	he Administration of	Justice. I understand it is my
further understand that I must maintain nabitually late to class or who have four or up work and I further understand that I may be absences. Students with unexcused taken issed work. Students who are absent from the made up: films, or an ature which cannot be made up: films, or an ature which cannot be made up:	r more unexcused aboay receive a failing granding or unexcused aboar class will receive no	sences may be assigned make- ade for the class should I reach because will receive no credit for co credit for in class activities of a
A copy of the Administration of Justice cla and I fully understand what is expected of consequences for failing to meet those star behavior disrupts the classroom learning e nstructor, I may be referred to my grade le	of me in the classroo indards. It has further environment or I willful	m. In addition I understand the been explained to me that if my lly defy the valid authority of the
Student Signature	Date	
Parent Signature	Date	
Parent or Guardian Name (prin	nt)	
Home number		
Cell phone number		
Email address		-
will provide you with my support, profopportunity to achieve success in this prog		dedication, and every possible
Instructor Signature	Date	Revised 8/10/08

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