

PARENT PERMISSION FOR MOVIE OR VIDEO FORM

Student's Name: _____ Teacher's Name: _____

Title of Movie/Video: _____ Rated: _____

Full Video: _____ Portion of the Video: _____

will be shown to the students in: _____ class
(Teacher's Name)

on _____ at _____.
(Date) (Time)

Teacher's rationale about this selection and the Teacher's plan for students opting out:

My student _____ Has my permission to view this selection.
(Student's Name) Does not have my permission.

Parent/Guardian Signature

Date