

Elementary School Level

Parental Permission For Student Viewing of PG Videos and DVDS

Please review the following information and return it to us as soon as possible. If you have further questions please do not hesitate to contact your student's teacher or me.

Name of Video/DVD: \_\_\_\_\_  
Producer: \_\_\_\_\_  
Rating: \_\_\_\_\_ Copyright Date: \_\_\_\_\_  
Description of Video/DVD Content: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational standards to be achieved through use of this material:

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Principal: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Class/Grade Level: \_\_\_\_\_  
Date Video/DVD is to be shown: \_\_\_\_\_  
Alternative Assignment: \_\_\_\_\_  
Where Video/DVD may be obtained: \_\_\_\_\_

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\_\_\_\_\_ I give my permission for \_\_\_\_\_ to view  
the video/DVD titled \_\_\_\_\_  
on \_\_\_\_\_ in \_\_\_\_\_ class.

\_\_\_\_\_ I do not give my permission for \_\_\_\_\_ to view  
the video/DVD titled \_\_\_\_\_  
on \_\_\_\_\_ in \_\_\_\_\_ class.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Parent/Guardian Signature  
Address  
Phone Number

If parents would prefer a different alternative assignment than listed above, please specify:

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_