

High School Level

Parental Permission For Student Viewing of R Rated 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: _____

_____ 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: _____