

Middle School Level

Parental Permission For Student Viewing of PG 13 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: _____