**Parental Permission for Student Viewing Of Films And Videos**

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

Name of Film:

Producer:

Rating: Copyright date:
Description of Video/Film contents:

Educational goals to be achieved through use of this material:

School Name: Phone #:

Principal:

Teacher:

Class/grade level:

Date film is to be shown:

Alternative assignment:

Where Video/Film may be obtained for previewing

|  |  |  |  |
| --- | --- | --- | --- |
|  | I **do…** |  | I **do not…** |

give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to view the film \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ class.

 Parent/guardian signature

 Address

 Phone number

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