



PARENT PERMISSION FOR CLASSROOM VIDEO TAPE VIEWING

Date: _____

Dear Parents or Guardians:

Your child is currently involved in studying _____

(describe the unit of study and class, if appropriate). It is our intention to use the video tape

(title) on (date) because

(describe the use of this video tape in relation to your academic goals and objectives).

This video/film is rated: _____.

This letter is being sent to you in compliance with the District policy requiring parents/guardians to approve their child’s viewing of certain video tapes or films. As part of that policy, we ask you to complete the form below, authorizing or exempting your child from the video tape showing. Please return your completed form to your child’s teacher. Students exempted from this showing will be provided with an alternative assignment. Should you have any questions regarding the video tape, please contact me.

Principal’s Signature

If the school has not received this form by _____, your child will be provided with an alternative assignment.

Student’s Name _____

PLEASE CHECK A OR B:

A ____ I give permission for my child to view all of the supplemental videos listed above.

B ____ I request that my child be given an alternative assignment

Signature of parent or guardian _____

Date: _____