

INSTRUCTION

Video/Film Parent Permission Form Kennewick School District

School Name _____

_____ rated _____
(Title of Film)

will be shown to the students in _____
(Teacher's Name)

class on _____ at _____.
(Date) (Time)

Teacher comments about this selection: _____

My signature grants permission for _____
(Student's Name)
to view this selection.

Parent/Guardian's Signature

Date