



# Wakulla County School District

## Permission to View Film/Video

Dear Parents and Guardians,

Occasionally, film/videos are used in the classroom to support and expand students' knowledge of a curricular-related topic or concept.

I am notifying you that we will be watching a film/video in class above the \_\_\_\_\_ rating.

I will be showing the film/video in the classroom on \_\_\_\_\_.

Class/Subject Area: \_\_\_\_\_

Film/Video Title: \_\_\_\_\_

Motion Picture Industry Rating: \_\_\_\_\_

Topic under discussion to which movie is relevant:

\_\_\_\_\_  
\_\_\_\_\_

Instructional objectives:

\_\_\_\_\_  
\_\_\_\_\_

Please return the permission slip below by \_\_\_\_\_.

Teacher's Signature \_\_\_\_\_

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Child's Name \_\_\_\_\_

Yes, I give my child permission to view curriculum and school appropriate film/videos related to classroom content and subjects.

No, I do not give my child permission to view curriculum and school appropriate film/videos mentioned in this letter. I understand alternate learning experiences will be provided for my child while the movie is being watched.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_