SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 Gages Lake Road, Gages Lake, Illinois 60030-1819 847-548-8470 Fax 847-548-8472 www.sedol.us



PARENT PERMISSION FOR A STUDENT TO VIEW RATED MEDIA

Dear Parent(s),	
The Special Education District of Lake County requires parental permiss curriculum that holds a rating of PG, PG-13 or R.	ion to view any media aligned with the
We believe that using various media will enhance the instruction to the sand activities provides another aspect to instruction, which expands studiscretion will be utilized during this showing.	
Please complete the bottom portion of this form and return it to your chil	d's teacher.
Sincerely,	
Principal/Supervisor	
Student's Name:	
Name of movie/media:	
Rating:	
Date of viewing:	
Time frame:	
Yes, I give my child permission to view curriculum and school appropriate media as listed above.	
No, I do not give my child permission to view curriculum and school appropriate media as listed above. I understand an alternate learning experience will be provided to my child during the viewing of this media.	
Parent Signature:	Date:
Please return this form to:	Date:

2/2016 sm

Form #402