

VISUAL MEDIA PARENT APPROVAL FORM FOR ENRICHMENT PURPOSES

Dear Parent/Guardian,

At _____ school, we believe a student's social and emotional wellbeing is an integral part of our school community.

To support this endeavor, we will show the following visual media as part of our school / classroom enrichment activity:

_____.

We are notifying you because this visual media is ☐ rated _____ ☐ not rated.

We will show (select one): ☐ only clips ☐ entire movie.

If you would like to discuss this further, please contact your child's classroom teacher.

Please indicate below if your child has permission to view the media. If this signed form is not returned by _____, then it is assumed that permission has not been granted.

Sincerely,

Teacher

Phone

Email

☐ My child MAY view the visual media listed.

☐ My child MAY NOT view the visual media listed.

Parent signature _____ Date _____