Richland School District

Supplemental Video Notification Parent Permission

Since my original notification to you, I have found a need to add the following video/film to my class schedule.

Name of Teacher _____ Date(s) of Presentation: _____

Subject: _____Period(s)/Grade(s) involved: _____

Title of Film:

Rating (if applicable):

Topic of Film:

Method of Presentation:

Educational Objective(s):

Principal (or designee) _____
signature

PLEASE INITIAL THE APPROPRIATE LINE AND RETURN BY: _____

☐ I give my son/daughter permission to participate in viewing the above video/film.

☐ I DO NOT give my son/daughter permission to participate in viewing the above film and request an alternative assignment be provided.

_____ _____ _____
Student Name Parent/Guardian Name (print) Date

_____
Parent/Guardian Signature