Oroville Union High School District
R-Rated Film Permission Slip

Course: _____	**Teacher:** _____
Film Title: _____	**MPAA Rating:** R
Date(s) of Viewing: _____	

Dear Parent/Guardian,

As part of our instructional program in _____**(Course Name)**, students will be viewing selected portions (or the entirety) of the film: _____ **(Rated R Film Title)**

This film is being used to support the following instructional objectives:

_____

_____

_____

The content of this film may include material that is considered **mature**, such as:
Check all that apply: ☐ Language ☐ Violence ☐ Sexual Content ☐ Drug/Alcohol Use
☐ Other Mature Content: _____

This film is directly related to the course of study being taught. If you are interested in viewing the film prior to its use in the classroom, please contact me at _____.

Alternative Assignment: If you prefer that your student **not view this film**, an alternative assignment of equal academic value will be provided.

Sincerely,

Teacher Signature: _____ Date: _____

Parent/Guardian Consent
Please check one:

☐ **YES**, I give permission for my student to view this film
☐ **NO**, I do NOT give permission (student will complete an alternative assignment)

Student Name: _____
Parent/Guardian Name (print): _____
Parent/Guardian Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO THE CLASSROOM TEACHER