

VIRGINIA CUSD #64  
CLASSROOM FILM PERMISSION FORM

Teacher:

Name of the film to be shown:

Rating of the film:

Date/Dates film will be shown:

How does the film connect to the curriculum:

The assessment for this film will be:

If the Parent/Guardian chooses not to allow their student to watch the film, the alternative assessment will be:

Administrator's Approval: \_\_\_\_\_

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

My child/ren \_\_\_\_\_  
has/have my approval to watch the above film on the above date.

My child/ren \_\_\_\_\_  
does not have my approval to watch the above film on the above date.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date