

BHCUSD#8 VIDEO/MOVIE REQUEST FORM

Movie Title Requested: _____

Rating of Movie: _____

Date of Requested Showing: _____

Class Movie Will Be Shown: _____

Briefly describe how the movie is directly related to the curriculum:

List the teaching/learning activities that will take place:

- 1.
- 2.
- 3.
- 4.

Submitted by: _____
Teacher Date

FOR PG-13 RATINGS: Request must be submitted at least a week prior to date of showing.

Approved: _____
Principal Date

FOR "R" RATINGS: Request must be submitted by the first Wednesday of the month for board approval.

Approved: _____
Board President Date

