Bunker Hill CUSD #8

Video/Movie Request

Movie Title Requested: ____________________________________________

Rating of Movie: __________

Date of Requested Showing: ________________________________

Class in which the 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 ______________________