

Parent Video/ Movie Permission

Date: _____

Teacher: _____ Video/Movie: _____

Rating: _____ Date to be watched: _____

Reason for watching video/movie:

Please check the appropriate line:

_____ I give my child, _____, permission to watch the movie/video.

_____ I do not give my child, _____, permission to watch the movie/video and understand he/she will be sent to the Library while the video/movie is playing in the classroom.

Parent Signature

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