

Santa Rosa County District Schools
Parent Permission Form for Viewing of PG or PG-13 Videos

Dear Parent:

Students in my class have been studying:

To support this unit, I plan to use a video rated **PARENTAL GUIDANCE** by the Motion Picture Association of America.

Title of video: _____
Rating: _____

If you agree to grant permission for your child to view this video, please sign below and return by _____.
Date

Your child is not required to view this video. An alternate assignment related to the unit being taught will be provided if you do not grant permission for your child to view this video.

Teacher: _____ Subject/Grade: _____

School: _____ Viewing Date: _____

.....

I, _____ grant permission for my child,
Parent/Guardian
_____ to view the PG/PG 13 video listed above.
Name of Student

Signature of Parent

Date