

PG-13 and R-rated Movie Request Form

Staff Person: _____

Date Request Submitted: _____

Movie Title: _____

Movie Rating: _____

When will the movie be shown: _____

Intended Audience: _____

Reason/Academic Purpose:

Alternative Activity if needed:

☐ Approved

☐ Not Approved. Reason : _____

Principal Signature: _____

Date: _____