

Date: \_\_\_\_\_

# Parent Permission Form for Viewing of Video

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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: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

