FILM/VIDEO/DVD OPT-IN PERMISSION FORM

Dear Parent(s) or Guardian(s):

During the coming weeks your child is scheduled to view

_____
Title of Film/Video

Albemarle County Public Schools Policy IIAA does not allow the showing of multi-media rated R in all schools or during school-related activities and PG-13 in the middle and elementary schools or during school-related activities without the specific prior permission of the students' parents. This film/video/DVD has been previewed by the classroom teacher with the intended student audience's age, ability level, and maturity in mind. It has been selected for the following reasons (e.g., worth of the film/video/DVD, instructional objectives which the film/video/DVD promotes):
Some individuals, however, may find the film/video objectionable for the following reasons (e.g., language, content):
_____
Please complete the following permission form for the film/video/DVD and return it to
_____by_____
(Teacher's Name) (Date)

Principal's Approval
Should you withhold permission, an alternate material or activity will be provided for your child
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PARENT(S)/GUARDIAN(S) FILM/VIDEO/DVD PERMISSION FORM

_____ has
(Name of Child) does not have _____ *(Check one)*

my permission to view_____
(Title of film/video/DVD)

_____
Parent(s)/Guardian(s) Signature