PARENTAL PERMISSION FORM TO SHOW PG/VIDEO/DVD TO SIXTH AND SEVENTH GRADE STUDENTS

| | Date |
|--|--|
| Dear Parents, | |
| I would like to have my students view the video | /DVD titled |
| This video/DVD has a motion picture rating PG. This will use this video/DVD to | video/DVD will be used for instructional purposes. I |
| | |
| Teacher's Signature | Administrator's Signature |
| Please cut on the dotted line and | l return to the classroom teacher. |
| give my permission forStudent's Name | to view the |
| PG rated video/DVD titled | |
| <u> </u> | in school. |
| | Parent's Signature |

55 LRC-22 Revised 03/22/11