



# Coffeeville School District

Dexter Green, Superintendent

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Phone (662) 675-8941 \* Fax (662) 675-5004

## FILM/VIDEO APPROVAL FORM

School:

- Coffeeville Elementary
- Coffeeville High

Teacher's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Title of Film/Video: \_\_\_\_\_

Length of film/video to be shown: \_\_\_\_\_

Will the film/video be viewed in entirety? \_\_\_\_\_ Yes \_\_\_\_\_ No

Partial showing or clips to be used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Length of partial showing or clips \_\_\_\_\_ minutes

**PURPOSE:**

Curriculum: (Specify the content area and explain how the film/video supports the curriculum, including expected learning.)

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Film/Video Rating: \_\_\_\_\_

All videos shown in the classroom MUST receive building Principal approval. The state has mandated that only G-Rated movies ( General Audiences – all ages admitted) may be shown with the exception of Educational, Historical, or Scientific Films.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Principal's Signature Date

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Superintendent's Signature Date