

West Carroll Special School District

Teacher: _____

Parent/Guardian Permission Slip for Movie Viewing

Dear Parents/Guardians,

As part of our classroom learning experience, we occasionally use film adaptations to enhance students' understanding of various subjects. We would like to watch the following movie in class:

Movie Details:

- Title: _____
- Rating: PG
- Purpose for Viewing: _____
- Viewing Date: _____

Because this movie is rated PG, we require your permission for your child to participate. If you do not wish for your child to watch the movie, an alternate activity will be provided.

Please complete the permission slip below and return it by _____.

Thank you for your support!

Sincerely,

Teacher:

School:

West Carroll Special School District

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Information: _____

Please check one:

Yes, I give permission for my child to watch the movie listed above in class.

No, I do not give permission, and I understand my child will be provided with an alternate activity.

Parent/Guardian Signature: _____

Date: _____