

**SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT**  
**Parent/Guardian Permission to View**

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

Dear Parent/Guardian:

Students in my class(es) have been studying \_\_\_\_\_.

To support this unit, I plan to use a \_\_\_\_\_

rated \_\_\_\_\_,

suggested by the Motion Picture Association of America.

The \_\_\_\_\_, entitled \_\_\_\_\_  
\_\_\_\_\_.

Is being shown because it will \_\_\_\_\_  
\_\_\_\_\_.

Viewing of this material is not mandatory. An alternate assignment related to the unit being taught will be provided if you do not grant permission for your child to view this material.

Teacher: \_\_\_\_\_ Course/Grade: \_\_\_\_\_

**Parent/Guardian(s) who wish(es) to view material prior to classroom use should contact the school principal.**

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☐

Yes, I grant permission

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No, I do not grant permission

For my child, \_\_\_\_\_ to view the material described above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date