

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.

Yes, I grant permission

No, I do not grant permission

For my child, _____ to view the material described above.

Signature of Parent/Guardian

Date