

Student Name: _____

Period: _____

Movie Permission Slip

Dear Parents,

On a few occasions we may watch a movie after a completed concert or a substitute. Per district policy, I am required to request permission from you on any content higher than a G rating that will be shown. Please note that R rated movies are not allowed and will NOT be shown.

This permission slip will also be valid for the remainder of the year as well.

Please check the following below your willingness to allow you child to watch the following ratings:

ALL PG

ALL PG except for the specific movies or types of movies listed:

- _____
- _____
- _____
- _____

ALL PG-13

ALL PG-13 except for the specific movies or types of movies listed:

- _____
- _____
- _____
- _____
- _____

Only the following movies

- _____
- _____
- _____
- _____

****Please use the back of this paper if you need additional room.****

Student Name: _____ Period: _____

Parent Signature: _____ Date: _____