

**CHARLOTTESVILLE CITY SCHOOLS
PERMISSION FORM FOR VIEWING VIDEO**

To: Parents/Guardian

From:

Class:

On _____, the class will be viewing the video entitled

_____.

This film is rated _____. It is intended to complement our study of

_____.

Child's name _____

_____ I do give permission for my child to view this film.

_____ I do not give permission for my child to view this film.

Signature - Parent/Guardian
teacher

Please return form to