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

Please return form to

teacher