



Winston-Salem/Forsyth County Schools Parent's Permission to View Video/DVD or Movie

From Teacher:		School:	Date:
Class/Subject:	Fax Number:	Telephone:	Email:

Dear Parent/Guardian:

I plan to use the video(s) or portions of the video(s) listed below as a resource in my class to achieve the instructional objective(s) listed below. This video's rating is such that your student may not see the video in class without your written permission. Please review the information below and if you agree for your student to view the video in class, sign and return the form to me by mail, email or fax by _____ (date).

If you desire to preview the video or have questions, please contact me by phone or email.

If you decide not to allow your student to view this video, I will provide other appropriate learning activities for your student.

Title:	Rating:	<input type="checkbox"/> Excerpt(s) <input type="checkbox"/> Entire Video
Instructional Objective(s):		

Excerpt(s) to be shown:

Excerpt(s) to be shown:

Title:	Rating:	<input type="checkbox"/> Excerpt(s) <input type="checkbox"/> Entire Video
Instructional Objective(s):		

Excerpt(s) to be shown:

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Title:	Rating:	<input type="checkbox"/> Excerpt(s) <input type="checkbox"/> Entire Video
Instructional Objective(s):		

Excerpt(s) to be shown:

Excerpt(s) to be shown:

Excerpt(s) to be shown:

I am the parent, guardian or caretaker of the student named below and
 I give, or I do not give, permission for him/her to view the video(s) listed above.

Signature of parent:	Name of Student:
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Print or type name of parent:	Date:
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