

**Runge Independent School District
Movie Request Form**

Teacher Name: _____

I will be showing a movie in the classroom on: _____

Movie Title: _____

Motion Picture Industry Rating: _____

Topic under discussion to which movie is relevant: _____

Instructional Objectives: _____

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____

APPROVAL

YES

NO

Runge Independent School District Movie Permission Slip

Dear Families,

Occasionally, movies are used in the classroom to illustrate a particular curricular-related concept.

I am notifying you that we will be watching a movie in my classroom on _____.

Movie Title: _____

Motion Picture Industry Rating: _____

Topic under discussion to which movie is relevant: _____

Instructional Objectives: _____

Please return the permission slip below by _____.

Teacher Signature: _____ Date: _____

Student Name: _____

_____ I give my son/daughter permission to view curriculum and school-appropriate movies related to classroom content and subjects.

_____ No, I do not allow my son/daughter to view the curriculum and school-appropriate films/videos mentioned in this letter. I understand that alternate learning experiences will be provided for my child while watching the movie.

Parent/Guardian Signature: _____ Date: _____