

**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