

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

PARENT/GUARDIAN PERMISSION FOR STUDENT TO VIEW PG OR PG-13 VIDEO

School: _____ Date: _____

Teacher: _____ Course/Grade: _____

Dear Parent,

Students in my classes have been studying _____.
To support this unit, I plan to use a video rated PARENTAL GUIDANCE/PG-13, by the Motion Picture Association of America. The video is: _____.

Your child is not required to view this video. An alternate assignment related to the unit being taught will be provided if you do not grant permission for your child to view this video.

Yes, I grant permission No, I do not grant permission for my child, _____
to view the PG/PG-13 video listed above.

Signature of Parent/Guardian

Date

An Equal Opportunity Agency

FC-820-1637ERS (07/96)

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