

Washington Township High School

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| **Video Permission Slip For R Rated Films*****In our class, students will be viewing the R rated film(s) noted below this school year. This film(s) is being used as part of the curriculum to help reinforce or extend your child’s learning. Please complete the permission slip and return it as soon as possible so that we can plan accordingly.*** |
| Film Title(s): |  |
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| Teacher:  |  |
| Class: |  |
| Student Name: |  |
| Student Signature: |  | Date: |  |
| **Please select one.** |
| ( ) My son/daughter has permission to view the selected film in class. |
| ( ) My son/daughter does not have permission to view the selected film in class. \*I understand that my son/daughter will be provided an alternate assignment and will be  relocated to another supervised area during the video viewing. |
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| Parent/Guardian Signature: |  | Date: |  |