

Fulton County Schools
Parent Permission Form
For Instructional Use of Video

Date: _____

Please indicate below whether or not you give permission for your child to view the video named on this form. Parental permission is required for students to view this video/audio because it has a Parental Guidance (PG), Parental Guidance 13 (PG13), or Restricted (R) rating. It will be used in this course as supplementary material.

Thank you,

Principal

Teacher:

Course:

Title of Video: _____

Date to be Shown: _____

Instructional Rationale for Showing:

Rating: ___ Parental Guidance (PG)
 ___ Parental Guidance 13 (PG13 – middle school ONLY)
 ___ Restricted (R) (high school students ONLY)

___ Yes, _____,
has my permission to view the video.

___ No, _____,
does not have my permission to view the video.

Parent's Signature

Date