

**TECHNOLOGY RESOURCES
(Movies/videos)**

Teacher Request/Permission Form for Movie/Video Use

Date of Request: _____
 Teacher and School: _____
 Course Title and/or Grade: _____
 Movie/Video Title: _____
 Movie Rating (circle one): G PG PG-13 R NR-(not rated)
 Amount of the movie/video to be shown (minutes): _____
 Proposed date of Viewing: _____

The Amphitheater Public Schools recognize that film/video shall only be used to enhance instruction. Please explain why you believe that this film/video excerpt is essential to your course/unit of study (continue on an attached sheet of paper if necessary). Be specific about how it reinforces and/or enriches our curriculum and state standards. If objectionable/controversial content exists, explain its instructional impact.

Excerpt contains (check all that apply):

- none of the following
 adult language
 human sexual behavior
 violence
 graphic content
 illicit drug or alcohol use

What alternative arrangement/assignment do you propose for a student whose parent does not give permission for his/her child's viewing of this movie/video? (Continue on an attached sheet of paper if necessary.)

Denied _____ Approved _____

 Teacher Signature Administrator Signature Date _____

Parental Response:

- I give my permission for my student to view the movie/video described above.
 I do not give permission for my student to view the movie/video described above.

 Student Name (please print)

 Parent Signature