



166 West 1925 North
Cedar City, UT 84720
(435) 586-2813
Fax: (435) 586-2849

Class Name
Date

Parental Permission to View PG or PG-13 Video/DVD

Teacher _____ Subject _____ Grade Level _____

The following video/DVD will be used in class on (date) _____

_____ DVD shown in its entirety

_____ appropriate clip previewed
by the teacher named on this form

Title _____ Rating _____

_____ I give permission for (student) _____ to view the video.

Parent/Guardian Signature _____ Date _____

_____ Rather than viewing the video, I would like my son/daughter to participate in the alternative activity.

Parent/Guardian Signature _____ Date _____