

**Parent Permission Form
For Instructional Use of Videotape
Fulton County Schools**

Date: _____

Please indicate below whether or not you give permission for your child to view the videotape named on this form. Parental permission is required for students to view this videotape 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 Videotape: _____

Date to be Shown: _____

Rationale for Showing: _____

Rating: _____ Parental Guidance (PG)
 _____ Parental Guidance 13 (PG13)
 _____ Restricted (R)

Yes, _____,
has my permission to view the videotape.

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

Parent's Signature

Date

