CABARRUS COUNTY SCHOOLS
VIDEO USAGE PARENT PERMISSION

Teacher_____ Date _____

Dear Parent:

On _____, my class will be viewing a video (described below) that will supplement our current lesson plan and support the *North Carolina Standard Course of Study*. You must give permission for your child to view this film. If you do not grant permission or if your child does not return this form, your child will not be allowed to view the video, but will instead receive an alternative assignment of a related instructional activity.

Please sign and return this form to me.

DESCRIPTION OF VIDEO

Title: _____

Rating by Motion Picture Association of America (MPAA): _____

Curriculum Connection: _____

_____

_____

Follow-up Activity: _____

_____

☐ I GIVE PERMISSION
☐ I REQUEST AN ALTERNATIVE ASSIGNMENT

CHILD NAME _____

SIGNATURE:_____ DATE: _____