

Walla Walla Public Schools

FORM - PARENT PERMISSION FORM FOR MOTION PICTURE ASSOCIATION OF AMERICA RATED (MPAAR) VIDEO/FILM

Form: 2020
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Movie/Video #1:

_____ rated _____
Title(s) of MPAAR Video/Film

will be shown to the students in _____ on _____
(Teachers's name) (estimated date)

Teacher comments about this selections and how it supports Washington State Learning Standards:

Detail on any controversial material: _____

I approve _____ or I deny _____ permission for _____ to view this selection.
Student's Name

Movie/Video #2:

_____ rated _____
Title(s) of MPAAR Video/Film

will be shown to the students in _____ on _____
(Teachers's name) (estimated date)

Teacher comments about this selections and how it supports Washington State Learning Standards:

Detail on any controversial material _____

I approve _____ or I deny _____ permission for _____ to view this selection.
Student's Name

Parent/Guardian Signature Date

PLEASE RETURN BY: _____

Revised: August 2017