

Walla Walla Public Schools

SAMPLE FORM - PARENT PERMISSION FORM

Form 2: 2020

Page 1 of 1

Video #1 and/or Novel #1:

_____ Rating* _____
Title of Video/Novel

will be shown/read in _____ on _____
(Teacher's name) (estimated date(s))

Comments about this video or novel and how it supports Washington State Learning Standards:

Detail of possible mature material: _____

I approve ___ or I deny ___ for _____ to view/read this selection.
Student's Name

Parent/Guardian Signature: _____

Video #2 and/or Novel #2:

_____ Rating* _____
Title of Video/Novel

will be shown/read in _____ on _____
(Teacher's name) (estimated date(s))

Comments about this video or novel and how it supports Washington State Learning Standards:

Detail of possible mature material: _____

I approve ___ or I deny ___ for _____ to view/read this selection.
Student's Name

Parent/Guardian Signature: _____

PLEASE RETURN BY: _____

* MPAA Movie Rating, TV Rating or Common Sense Novel Rating (or estimated rating if showing a segment or clip of a video)

Revised: November 2022