

REQUEST PERMISSION TO SHOW A MOVIE

TEACHER'S NAME

GRADE OR SUBJECT

NAME OF MOVIE

RATING OF MOVIE

TEACHER HAS PREVIEWED THE MOVIE

MOVIE WILL BE SHOWN:

CLASSROOM TIME TO USED FOR MOVIE

PURPOSE OF
MOVIE

HOW MOVIE IS
RELATED TO
CURRICULUM /
LESSON PLAN

STUDENT
EDUCATIONAL
ACTIVITIES
AFTER
WATCHING
MOVIE

DATE AND TIME MOVIE WILL BE SHOWN

TEACHER'S SIGNATURE _____

APPROVED _____

NOT APPROVED _____

PRINCIPALS SIGNATURE _____