

HORTONVILLE AREA SCHOOL DISTRICT

Parent/Guardian –Policy #5140 Classroom Use of Media – Notification Form

Date:

Dear Parent/Guardian,

I am planning to show _____ to my _____ grade
_____ class on _____. This
movie/music recording is rated _____. The rating is due to these factors:

- a. _____
- b. _____
- c. _____

The purpose of seeing this recording relates to my leaning target: _____
_____.

_____ The film will be show in its entirety.

_____ The music video will be shown in its entirety.

_____ An excerpt from the film will be shown.

The excerpt contains _____

If you wish to preview the move or see the music recording, it is available from me from
_____ to _____. (dates)

_____ Teacher

**Please sign below and return this form with your child or email it to me at
_____ before _____ (date).**

_____ **My child has my approval to view this movie/music recording.**

_____ **I do not want my child to view this movie/music recording. Please substitute
a meaningful, related alternative activity instead.**

_____ **Student's name**

_____ **Parent/Guardian signature**

_____ **Date**

Board Approved 5/12/14
Adoption Resolution 10/13/14