



PALISADES CHARTER HIGH SCHOOL

Date: _____

Dear Parents or Guardians,

Your child is currently involved in studying (units/theme) _____

_____ in _____ class

It is the intention of _____ (teacher) to use the program _____

_____ (title), _____ (MPAA rating) on _____ (date)

because _____

_____ (*audio and visual relation to class academic goals and objectives*).

This letter is being sent to you in compliance with the PCHS policy requiring parents and/or guardians to approve the intended use of filmed programs in any format which is not owned, broadcast, or recommended by PCHS prior to their scheduled showing. As part of school policy, we ask you to complete the form below, authorizing or exempting your child from viewing the above title. Please have your child return the completed form to your child's teacher. Students exempted from this showing may be required to complete an alternative assignment. Should you have any questions regarding the program listed above, please contact me via phone at _____ or via email at _____ .

Signature of Executive Director/Principal: _____

Name of student: _____

Please check A or B:

A. _____ I give permission for my child to view _____ (program title).

B. _____ I prefer that my child be given an alternative assignment.

Signature of parent or guardian: _____ Date: _____

Parent or guardian name (print): _____