

**PARENT PERMISSION FORM FOR
MOTION PICTURE ASSOCIATION OF AMERICA RATED (MPAAR)
VIDEO/FILM
Walla Walla Public Schools**

School Name _____

_____ rated _____
Title of MPAAR Video/Film

Will be shown to the students in _____
Name of Teacher

Class on _____ at _____
Date Time or Class Period

Teacher comments about this selection _____

Detail on any controversial material _____

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

I deny permission for _____
Student's Name

to view this selection. I prefer my student complete an alternative,
supervised assignment.

Parent/Guardian Signature Date

PLEASE RETURN BY _____