

# PARENT OR GUARDIAN AUDIO VISUAL PERMISSION FORM

Date: \_\_\_\_\_

Check appropriate box(es):

☐ Edited

☐ Unedited

☐ Excerpt(s)

Dear Parent(s) or Guardian(s):

During the coming weeks your child is scheduled to view \_\_\_\_\_  
(Title of Audio Visual Material)

Frederick County Public School Regulation No. 400-51 indicates that audio visual materials rated

**Select One...**

for

**Select One...**

requires specific prior permission of the building principal and

the parent/guardian of the student viewing the material. This audio visual material has been previewed by

the classroom teacher with the intended student audience's age, ability level, and maturity in mind. It has

been selected for the following reasons:

Some individuals, however, may find the audio visual material objectionable due to the following:

PLEASE COMPLETE THE FOLLOWING PERMISSION FORM AND RETURN IT TO:

\_\_\_\_\_ by \_\_\_\_\_  
Teacher's Name Date

Principal's Approval: \_\_\_\_\_

*Should you withhold permission, an alternate and appropriate activity will be provided for your child.*

## PARENT OR GUARDIAN AUDIO VISUAL PERMISSION FORM

My child, \_\_\_\_\_, ☐ has ☐ does not have  
Student's Name

my permission to view, \_\_\_\_\_.  
(Title of Audio Visual Material)

Parent/Guardian Signature: \_\_\_\_\_