

PARENTAL PERMISSION FOR CHILD TO VIEW MEDIA
(all locations)

Dear Parent or Guardian,

Your child is currently involved in studying/participating in _____
_____.

The school/parish intends to use _____
_____ on _____ as part of this instructional process.

We ask you to complete the form below **only if** you:

- (1) do not want your child to view or listen to the materials
- (2) want to have the chance to preview the materials; or
- (3) wish to discuss this matter with the school or parish.

Please return your completed form to the school by _____ .
Students at schools who are exempted from this activity will be given an alternative assignment to complete; participants in parish activities will be excused from the activity or provided with an alternative activity.

Sincerely,

Name of Student: _____

Please Initial

- A. _____ I wish to preview the material.
- B. _____ I prefer that my child be given an alternative assignment.
- C. _____ I wish to discuss this matter with the school.

Parent's/Guardian's Name: _____ Date: _____

Parent's or Guardian's Signature: _____

**If we do not receive this form we assume you agree to your child's
participation in the activity.**

