

NAME: _____

PERIOD: _____

In accordance with Washington County School District policy (6-50) I am obligated to provide for you the list of films being viewed in class with their ratings (*see attached disclosure brochure or information posted online at www.dhhs theatre.org*) and obtain written permission for your son/daughter to view each film in class.

Purpose: To clarify the district position on videos and full-length movies.

Washing County School District Policy:

- 2.1 Commercial videos, instruction videos, and full-length movies including 16mm are not to be shown during regular school time for entertainment or reward purposes, but only for direct classroom instructional needs in accordance with the approved district curriculum and applicable copyright laws.
- 2.2 Where a video or movie, which has a rating, which suggests parental guidance or other restrictions is to be shown to students, the school must obtain parental consent prior to its presentation.
- 2.3 The same level of sensitivity should be used when selecting movies, videos or clips to be used in faculty meetings or training sessions. Movies or videos with a rating of R, or clips from such media, should not be used for faculty presentations.
- 2.4 If commercial videos or other movies are shown for entertainment or reward purposes, it is to be a time other than regular school hours, so students and parents have a choice as to whether or not they are viewed.
- 2.5 The school would be responsible for meeting the legal requirements of applicable copyright laws and paying the required fees.

Film Selection:

I have spent a considerable amount of time searching for academically sound and appropriate films to study and view. Please review the list and consider “each” film. If there is a film(s) you deem inappropriate for your student to view and study please indicate IN WRITING under the comments section of this letter. An alternative assignment may be given that will fulfill a “graded assignment” equivalent to those associated with the film. Please understand no penalty will be assessed to your student if you choose for them not to see the film.

Thank you for considering this letter and returning it with your student. Please contact me, Miss Rogers at andrea.rogers@washk12.org with questions, comments or concerns.

Miss Ani Rogers
Theatre Director
Desert Hills High School
Washington County School District

FILM APPRECIATION

Instructor: Miss Ani Rogers

Parent/Guardian Permission Form

Parent/Guardian please read, sign and return this form with your student for *class points*.

- Print Students Name _____
- Period student is registered for Film Appreciation: _____

I have read this letter and reviewed each film title listed in the disclosure:

- I approve of the films being shown to my son/daughter in Film Appreciation

Yes:

No:

I do not want my son/daughter to view the following film(s):

Comments:

I have read, understand, and agree to abide by the rules and procedures outlined in the **Film Disclosure Statement:**

Parent(s)/Guardian(s) Signature: _____

Student Signature: _____

Parent / Guardian Name: _____

Parent / Guardian Contact Phone Number: _____

Parent / Guardian Contact Email: _____