

THE CLASSICAL ACADEMY PARENT PERMISSION VIDEO FORM

Student's Name: _____

TCA Campus: _____

Teacher Name/Grade Level: _____

Videos will be shown in this class for educational purposes. We will be developing deeper understandings about sociological, political, historical, cultural, and other broad subject areas. These viewings will align with appropriate academic standards. If you object and do not grant permission, your child's access to academic materials, class participation, and overall grade will in no way be affected.

Video Title: _____ Rating: _____

Entire Video or Clip: _____ Time Stamps of Video Clip: _____

Plot Summary:

Reason for Viewing:

Please indicate below whether you approve or disapprove of your child viewing this video in class:

- Yes, I give permission for my child to view this video as a part of this class.
- No, I do NOT give permission for my child to view this video as a part of this class.

Parent's Name (Printed): _____

Parent's Signature: _____