

## Request to Opt Out of Viewing a Film or Video

After reviewing the list of approved films or videos provided, I request that my child be excused from viewing the films or videos I have listed below. I understand alternate assignments will be provided.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Films/Video(s):

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to Associate Principal of Curriculum