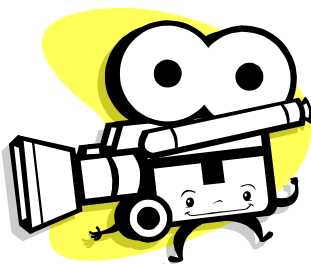


ROCKLIN ACADEMY

Permission to Watch a Rated Movie in Class



I, _____, give
Parent/Guardian Name

permission for my child, _____,
Child's Name

to watch the movie, _____,
Name of Movie

rated _____, on _____ during class.
Date

STUDENT NAME: _____

TEACHER(S): _____ **GRADE:** _____

If your child does not return his/her signed permission slip, they will be placed in another class during the movie.