

Permission Form

Student Name: _____

Movies

I give my permission for my son/daughter to see the following rated movies.
(Please check only the highest movie rating you are giving permission for).

____ PG Parental Guidance

____ PG+ Parental Guidance and 13 years or older

____ R Restricted age 17 and/or Parental Approval

Off Campus (Please check only one).

____ I give my permission for my son/daughter to have unsupervised off-campus option on Tuesday and Wednesday evenings from 7:15 - 10:00 P.M.

____ I give my permission for my son/daughter to have unsupervised off-campus option on Tuesday and Wednesday evenings from 7:15 - 11:00 P.M.

____ I DO NOT give permission for my son/daughter to have unsupervised off-campus option on Monday and Wednesday evening.

Parent Signature

Date

Student Signature

Date