

**Eisenhower Middle School  
North East Independent School District**

**Parental Notification and Approval of a PG, PG-13 Video or DVD Program**

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Video or DVD: \_\_\_\_\_

Course/class in which PG, PG-13 Video or DVD will be used: \_\_\_\_\_

Date in which the video or DVD will be used: \_\_\_\_\_

Instructional value and connection to the TEKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return the form below to the teacher by: \_\_\_\_\_

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Name of Student: \_\_\_\_\_

- I approve my child's viewing of the video/DVD described above.
  
- I do not want my child to view this media and request that she or he be provided with an alternate activity.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_