

SOUTH FORK HIGH SCHOOL

10000 SW BULLDOG WAY

STUART, FL 34997

772-219-1840

Parental or Guardian DVD / Video Viewing Permission

Date _____ Teacher _____ Class _____

Permission is granted for _____
(Student Name) (Grade)

to view _____ which is rated _____ on _____.
(DVD / Video Title) (Date)

Parent / Guardian Signature _____ Date _____

An alternative assignment will be given if you do not wish for your student to view this DVD / Video or if this form is not returned on time.

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