

Hoggetowne Middle School

Classroom TV/Movie Request Form

Date of Submission: _____
Teacher Name: _____ **Class Title:** _____

Date movie is to be shown: _____

Name of movie: _____ **Rating:** _____
(If movie is above PG please attach letter of notification to parents)

State the academic reason to show this movie in your classroom and how it relates to the Sunshine State Standards: _____

(Please use the back of this sheet for more room if necessary)

_____ **Approval**

_____ **Denial**

Reason for denial:

Principal Signature: _____