

Western Boone County Community School Corporation

Media Request Form

Please complete **ALL** of the following and submit **with media and permission slips** (if needed) into the principal **72 hours** prior to student viewing. All sections **MUST** be filled out before approval. If not filled out completely or turned in late, media will not be scheduled.

Today's Date _____

Teacher Name: _____ Room: _____

Control Room _____

Will there be a sub? YES NO Additional Viewing Rooms: _____

Date(s) Needed: From: _____ Start Time: _____ AM PM

To: _____ End Time: _____ AM PM

Format: (choose one) VHS Laser Disc CD-1 Audio CD DVD Other _____

Auto Rewind? YES NO Auto Play? YES NO

Media Title(s): _____

Rating of Movie (please circle)

None (Does not have a rating)

Y (Youngster)

PG (Parental Guidance)

PG-13 (Parental Guidance and age 13 or older)

R (Age 17 or older)

Educational Value (how does this pertain to your curriculum and or lesson plan(s))

BELOW FOR PRINCIPAL USE ONLY; DO NOT FILL OUT

If media is rated above student age, have all permission slips been turned in? YES NO

Teacher Explanation if needed:

Principal Signature: _____ Date: _____