# “History Through Film”

#  Course Permission Slip

**2018-2019**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Parent/Guardian Print Name) give permission for my child (Print child’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to partake in the upper level honors course, “History through Film”. I acknowledge some of the films that my child will be viewing, will be R-rated and may contain some violence, nudity and profanity. I consent to my child watching R-rated videos with regards to this course’s content.

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Parent or Guardian’s Signature

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

**If you have any questions** please contact Coach Amarantos at 713-251-3637 or christo.amarantos@springbranchisd.com