



# Coffeerville School District

DR. VIVIAN ROBINSON  
SUPERINTENDENT

DEATRICE WHITE  
ASSISTANT SUPERINTENDENT

96 Mississippi Street \* Coffeerville, MS 38922  
Phone (662) 675-8941 \* Fax (662) 675-5004

## FILM/VIDEO APPROVAL FORM

School:

- Coffeerville Elementary
- Coffeerville High

Teacher's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Title of Film/Video: \_\_\_\_\_

Length of film/video to be shown: \_\_\_\_\_

Will the film/video be viewed in entirety? \_\_\_\_\_ Yes \_\_\_\_\_ No

Partial showing or clips to be used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Length of partial showing or clips \_\_\_\_\_ minutes

### PURPOSE:

Curriculum: (Specify the content area and explain how the film/video supports the curriculum, including expected learning.)

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

Film/Video Rating: \_\_\_\_\_

**All videos shown in the classroom MUST receive building Principal approval. The state has mandated that only G-Rated movies ( General Audiences – all ages admitted) may be shown with the exception of Educational, Historical, or Scientific Films.**

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature    Date

\_\_\_\_\_  
Superintendent's Signature    Date