

Seneca High School Movie / Video Request Form

Teacher Name: _____ Class: _____

Room Number: _____ Phone Ext.: _____ Date: _____

Movie/Video Title _____

Website (if applicable): _____

Rating G PG PG13 Previewed: Yes No

Date movie to be shown _____ Duration of viewing: _____

Educational Rationale (include Standards addressed)

Office use only below this line



Approved Not Approved By: Keith Miller Tom Podpora

Comments
