

E.A.G.L.E.S. Project Enrichment Movie Permission Slip

Dear Parents & Guardians,

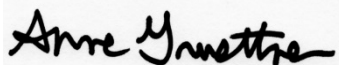
Your child's ACCESS (freshman mentoring program) advisory has chosen to watch a documentary or foreign film to fulfill the Enrichment aspect of the E.A.G.L.E.S. Project. The movie is intended to expose your child to a type of movie that your child may not have chosen to watch on his / her own. After watching the movie, your child will be asked to answer questions about his / her impressions of the movie.

The film that was chosen, _____, carries an 'R' rating due to some of its content. Please be assured that the movie has artistic and academic value.

If your child is permitted to see this film, please sign below. If not, he / she is able to choose an alternate activity.

If you have any questions, please feel free to contact me at agruettner@leyden212.org or at (847) 451-3157. Thank you for your time and consideration.

Sincerely,



Anne Gruettner
Spanish Teacher and West Leyden ACCESS Coordinator

I give permission for my son / daughter, _____, to see the
aforementioned film.

Le dejo que mi hijo / hija, _____, mire la película ya
mencionada.

Parent's / Guardian's Signature
Firma del padre / guardián

Date / Fecha