

The SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
Informed Parental Consent Form

Instructions: Complete this form and return it to the school. It must be on file at the school before your son/daughter/ward will be permitted to participate in this activity.

I, _____ (parent/guardian) **DO** give my permission for
_____ (son/daughter/ward) to participate in the following
Please print

Class room activity:

PLANNED CLASS ROOM ACTIVITY AND CURRICULUM OBJECTIVES

- The student will possibly view these films to gain academic knowledge of the time period or topic.
- The student will be exposed to a visual component to enhance the learning experience.
- The student will be stimulated to greater analytical skills, develop personal and historical themes, question in depth topics, and broaden the scope of their understanding.

The following films may be utilized thought the course:

Amistad, Glory, 12 Years a Slave, Lincoln, Triangle Factory Fire, and Iron Jawed Angels

I understand that some of the instructional materials to be used in this activity may contain mature themes and/or language. If you have specific questions, please do not hesitate to contact me.

Sandra B. Carihfield
AICE American History - SHS

Signature of guardian /parent date

_____ (parent/guardian) **DO NOT** give my permission for my

_____ (son/daughter) to participate in the above listed class room activity. I understand that he /she will be provided with an alternative lesson relating to the same curriculum objective.

Signature of parent/guardian date

Sandra B. Carihfield
AICE American History - SHS